DOCUMENT RESUME

ED 146 972	95 JC 770 556
TITLE	An Investigation of the Cost-Benefits and Consumer Outcomes Related to Competency Based Education In a Community College Nursing Program. Final Report, 1973-74.
INSTITUTION	Mount Hood Community Coll., Gresham, Oreg.
SPONS AGENCY	Fund for the Improvement of Postsecondary Education (DHEW), Washington, D.C.
PUB DATE	[74]
NOTE	382p.; Figures included throughout the text will reproduce poorly due to small size of type
EDRS PRICE	MF-$0.83 HC-$20.75 Plus Postage.
DESCRIPTORS	Advisory Committees; Behavioral Objectives; Community Colleges; Computer Assisted Instruction; *Cost Effectiveness; Health Occupations Education; *Junior Colleges; *Medical Care Evaluation; Nurses Aides; *Nursing; Patients (Persons); *Performance Based Education; Practical Nurses; *Program Evaluation; Questionnaires; Staff Utilization

ABSTRACT

Three final reports on a competency-based computer-assisted nursing education program at Mt. Hood Community College include the following: (1) the examination and refinement of curricular outcomes; (2) cost analysis of the program relative to nursing education, learner benefits, and effectiveness; and (3) an examination of the relationship between desired patient outcomes and expected curricular outcomes. The first report presents the educational objectives, each followed by evaluation criteria, procedures, and results. Cost analysis includes revenue-expenditures generated, full-time equivalent income generated, student/instructor ratios, program cost comparisons with other health programs, faculty activity analysis, and cost effectiveness vs. cost benefits. The third report explores in depth the responses of a Patient Advisory Committee and a larger patient group relative to desired patient outcomes. Appendices include letters and surveys of the consumer advisory committee, lists of illnesses, lists of specific nursing behaviors, distributions of nursing competencies generated by the Patient Advisory Committee, student survey instruments, and tally sheets used for assessing nursing competencies. (RT)

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AN INVESTIGATION OF THE COST-BENEFITS AND CONSUMER OUTCOMES RELATED TO COMPETENCY BASED EDUCATION IN A COMMUNITY COLLEGE NURSING PROGRAM

FINAL REPORT

1973-74

PREPARED BY

Mt. Hood Community College
26000 S.E. Stark Street
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Under Terms of a Federal grant from the Fund for the Improvement of Postsecondary Education, 400 Maryland Avenue, Washington, D.C.

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JC 770 556

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Introduction

Mt. Hood Community College Nursing Program is a competency-based computer-assisted nursing education program. Its faculty are committed to explicit definition and evaluation of educational outcomes, to educational articulation, and to cost-effectiveness. These concerns are directly related to accountability of educational programs and institutions to students, to taxpayers, and to the consumers of services provided by their graduates. The faculty's concern for these issues is demonstrated by its long-range improvement program which includes refinement of its present program practices and consideration of the nursing program's role in some of the wider concerns that are pressing nursing educators and educators in general today.

The program improvement project, An Investigation of the Cost-Benefits and Consumer Outcomes Related to Competency Based Education in a Community College Nursing Program, is part of Mt. Hood Nursing Program's long-range improvement program. Its aims are to refine student performance proficiencies at the aide, LPN and ADN levels; to provide a closer definition of the relationship between desired patient outcomes and student performance; and to develop comprehensive cost-benefit effectiveness analysis procedures.

The National League for Nursing (NLN) position papers of November 1970 established the need for flexible curricula in nursing which provide upward and lateral mobility for persons seeking careers in nursing. The National Commission for the Study of Nursing and Nursing Education (NCSNNE), in its Summary Report and Recommendations, states that it is essential that planned and articulated curricula be developed to turn out graduates with optimum capability for nursing care while also facilitating the career mobility of individuals in these programs. The Report describes individualization, articulation, and concentration as emergent forces in nursing education and a vital concern in the reconstruction of our health care system. Nursing education literature is giving increasing consideration to career "ladders," "options," "movement," and open curriculum.

Description of the Nursing Program

The Mt. Hood Community College (MHCC) nursing program accepted its first students in the fall of 1971. The nursing program is integrated into the total college structure. Nursing students share core curriculum and other courses with students studying in other areas. Nursing faculty share equal status with other college faculty. The nursing program is one of a number of technical and health-related programs within the college. Nursing is developing a curriculum based upon competency through performance, using the Precise Behavior Management Systems Model which allows for daily counting and recording of a variety of behaviors and feelings, as well as quarterly cumulative computerized data storage, analysis, and feedback.

Because the curriculum is based upon precise performances, it allows for multiple entry and exit and for self-pacing by students. Students are given credit for competent performances, regardless of where the competencies were learned (e.g., at home, on the job, during military service). Students demonstrating certain combinations of competencies are given advanced standing in the nursing program. One logical extension of performance based curriculum is the possible future development of an external degree program.

The Mt. Hood Community College nursing program allows for career mobility and articulation at the three community college levels: (1) nurse aide, (2) practical nurse, and (3) associate degree nurse. Students remain in the program from one quarter up to ten quarters. A student with no experience who continues his education without interruption takes about eight quarters to complete through the associate degree nurse level. At present there are students without formal higher education and experience demonstrating competencies through the associate degree level in 5 to 6 quarters. The college is actively seeking ways to articulate with existing baccalaureate programs so that its nursing students can continue with maximum opportunity in minimal time. In particular, it is looking toward a meaningful relationship with Southern Oregon College at Ashland, which is proposing the addition of the second two years of a two plus two B.S.N. program.

The curricular outcomes of the nursing program are called program product behaviors. They are the feelings which demonstrate sensitive, caring relationships and the behaviors in which the student has demonstrated proficient performance after the first quarter and the first and second years in the nursing program and are divided into the following categories.

1. Interpersonal relations
2. The use of nursing skills and concepts
3. Patient teaching
4. Giving personalized nursing care
5. Feelings about patients, the nursing profession and the nursing care given by the student

The program product behaviors were developed after surveying opinions of patients, students in other nursing programs, MHCC administrators, practical nursing and associate degree nursing faculty, hospital administrators, directors of nursing, practicing RN's and the literature.

Courses are developed to be consistent with program objectives and outcomes (program product behaviors). Course effectiveness is measured by student competency in performance of the course behaviors and acceleration of program product behaviors.

The outcomes of the nursing courses are called course behaviors. Each course behavior is stated with expected speed and accuracy criteria. Therefore, a student knows what he is to do, how much, how accurately and at what speed. Proficient performance of specified behavior according to speed and accuracy criteria is called competence. Competence is expected in the cognitive (concepts), psychomotor (skill) and affective (feelings and attitudes) domains. For a schema of the Mt. Hood Community College Nursing Program, see Figure 1.

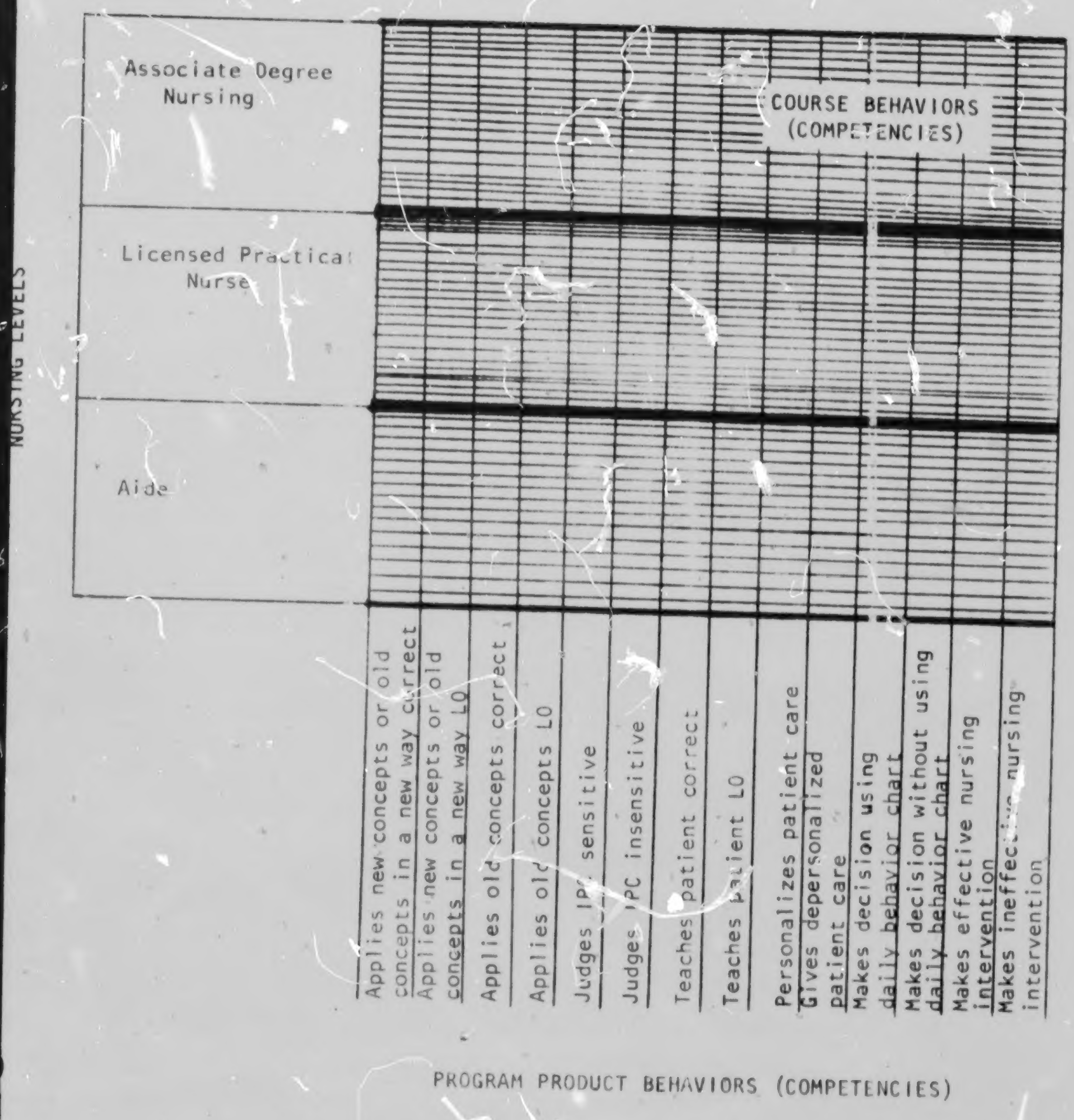
A "write," "say," "do" model is used for demonstration of competency. Before a student is permitted to carry out a skill with patients, he must write or say the concepts related to the skill and demonstrate his competency, using a simulation model, in performance in the laboratory. He then has the skill in his performance repertoire when caring for patients. He keeps accurate daily records of the competencies he uses and is expected to accelerate (increase) competencies used accurately as they are practiced in the clinical areas over a period of time. A sample of course behaviors now defined is listed in Appendix B. Course behaviors are the foundation for program product behaviors.

Students pace their own learning in relation to expected competencies.

Figure 1

Schema of

Mt. Hood Community College Nursing Program


NURSING LEVELS
Associate Degree Nursing
Licensed Practical Nurse
Aide
COURSE BEHAVIORS (COMPETENCIES)
Applies new concepts or old concepts in a new way correct
Applies new concepts or old concepts in a new way LO
Applies old concepts correct
Applies old concepts LO
Judges IPC sensitive
Judges IPC insensitive
Teaches patient correct
Teaches patient LO
Personalizes patient care
Gives depersonalized patient care
Makes decision using daily behavior chart
Makes decision without using daily behavior chart
Makes effective nursing intervention
Makes ineffective nursing intervention
PROGRAM PRODUCT BEHAVIORS (COMPETENCIES)

In addition, they are expected and assisted to develop their unique competencies in relation to their own interests, concerns, learning goals and life goals.

Data regarding student and faculty performances are recorded on Daily Behavior Charts and then quarterly on computer forms, and analyzed to provide information regarding individual student and faculty performance, performance of all students in each course, and acceleration in relation to program product behaviors. A sample of the Daily Behavior Chart and of computer forms is included in Appendix C. The computerized analysis and feedback system is an integral part of on-going evaluation of individual student progress and the success of the nursing program in meeting its stated goals.

Program Planning and Improvement

The MHCC nursing program has already gone a long way in addressing the NCSNNE concerns regarding individualization, articulation and concentration in nursing education. It has an articulated, multiple entry-multiple exit, performance-based curriculum and a faculty already sophisticated in the understanding and practice of the Precise Behavior Management Systems Model and its underlying concepts. It has an on-going contractual relationship with Behavior Research Company in Kansas City, Kansas, which has already developed and put into practice a comprehensive system for monitoring progress of students and the nursing program and which is capable of expanding data analysis for almost any question for which data is supplied. Behavior Research Company has the most comprehensive data bank of human behavior amassed in the country today. The MHCC nursing program draws from that data bank to ask questions and compare results concerning the educational process, administrative decision making, and student learning across varied environs and with diverse learning conditions.

MHCC has a long-range improvement program which includes refinement of the system now in practice and consideration of the nursing program's role in some of the wider concerns that are pressing nursing educators and educators in general today. The long-range improvement program has the following goals:

1. To further define student competencies.
2. To refine the computerized analysis and feedback system.
3. To effect cost-benefit analysis.
4. To develop appropriate instructional materials and learning packages.
5. To develop competency based entry criteria for students.
6. To refine the multiple entry-multiple exit criteria.
7. To develop a follow-up system for graduates and drop-outs.
8. To define necessary institutional parameters for the optimum operation of the MHCC nursing program, both in its present form and during implementation of improvements generated by the long-range improvement program.
9. To achieve upward, downward, and lateral articulation with other health occupations education programs in this, and at other institutions.
10. To develop a philosophy, acceptance and a plan for continuing education in nursing at the community college level.
11. To identify and develop faculty skills needed to further plan and implement program improvements at all stages.

Specific objectives have been written within each of the program improvement goals listed. The present project concerns the first three areas.

Project Goals

The purpose of the project was to examine the complex interaction between the delivery of instruction, learner performance, subsequent consumer outcomes and cost-benefit effectiveness to provide a basis for development of a model for competency based instructional programming. Four data sources were to be used: (1) two years of student and faculty performance data recorded before the beginning of the project, (2) ongoing student and faculty performance data relevant to patient outcomes, (3) behavioral outcome information generated from a consumer advisory board, and (4) college and nursing program income and expenses.

Generalizable, long-standing outcomes were expected in two areas: (1) improved definition of student competencies in nursing care of patients at all community college nursing levels, with resulting implications for more realistic credentialing, both within the educational institution and in external learning situations, and (2) improved methods for determining cost-effectiveness, with resulting implications for more accurate diagnosis of problems and improvement of practices within the nursing program and within the college as a whole.

Description of the Project

The project was carried out during nine months by (1) a nursing faculty committee, (2) a research associate, (3) a research analyst, (4) a consumer advisory committee, and (5) a professional advisory committee. The project will be described within the framework of the long-range improvement program for the nursing program. For each project objective, related activities will be listed.

Objective #1

To further define the areas in which students will display competencies upon graduation from MHCC nursing program (program product behaviors).

Activities:

1. Compile a list of all course behaviors for the entire program in sequence. Describe each course behavior in terms of:
   a. Behavior expected of the learner
   b. Speed required
   c. Accuracy required
   d. Consumer change expected, when appropriate
2. Derive a list of program product behaviors for the ADN graduate from the above list. Describe each program product behavior in terms of:
   a. Behavior expected of the learner
   b. Speed required
   c. Accuracy required
   d. Acceleration required
   e. Consumer outcomes expected, when appropriate

Objective #2

To define competency and acceleration (program product behavior area) for each nursing level within the MHCC program: aide, LPN, ADN.

Activities:

1. Distribute the course behaviors (competencies) among the nursing levels.
2. Derive a list of program product behaviors for each behavior at each nursing level. For the purposes of this project, the present level of development was accepted.

x

Objective #3

To set performance proficiency criteria for each behavior at each nursing level. For the purposes of this project, the present level of development was accepted.

Objective #4

To define workable segments and sequences into which the curriculum can be divided. (Course behaviors might be organized into different course areas.) For the purposes of this project, the present course area arrangements were accepted.

Objective #5

To determine and strengthen the relationship between patient outcomes, program product behaviors, and course behaviors.

Activities:

1. Create and meet with a consumer advisory committee to generate a list of desired patient outcomes that would occur as a result of nursing care by MHCC students. The advisory committee represented different socio-economic groups and was oriented toward both prevention and cure. Its members were responsible for helping to determine what changes might and/or should occur in them as patients and for helping to design a feedback system so that changes can be measured.
2. Obtain computerized analysis of relationships within and between behaviors at all three nursing levels in all three areas of concern: patient outcomes, program product behaviors, and course behaviors.

Objective #6

Ascertain cost-benefit effectiveness for each course behavior and for each program product behavior and for each suggested curriculum alternative.

Activities:

1. Using all cumulative data, including behaviors instituted as a result of this project, determine the cost-benefit effectiveness for each multiple entry-multiple exit alternative suggested, including present practices. Specific information to be collected and analyzed includes:
   a. Tuition and fees generated by nursing students
   b. Income generated by the nursing program
   c. FTE reimbursement generated by nursing students
   d. FTE reimbursement generated by pre-nursing students
   e. Expenditures per quarter for the total nursing program, including support services
   f. Comparisons between nursing and general education costs for nursing
   g. Amount of learner time spent per learner per behavior (already documented)
   h. Amount of teacher time spent per learner per behavior (documented, but more difficult to extract)
2. Calculations to be made include:
   a: Costs per behavior per minute
   b. Total costs per behavior
   c. Costs per student per week and per quarter

3. Issues to be addressed in the cost-effectiveness analysis include:

   a. How much should students pay for teacher time used in developing competencies?

   b. How much should students pay for demonstration of competencies, regardless of how they are developed?

   c. How do cost-effectiveness figures vary when only students enrolled in the nursing program are considered versus when students enrolled in MHCC waiting to be admitted to the nursing program are also considered?

   d. How do cost-benefits affect program planning costs to the student and institutional policy regarding student enrollment, tuition and fees?

Objective #7

Suggest and later develop curriculum alternatives and extensions, each with proficiency level criteria.

Activities:

1. Begin a list of possible alternatives based upon the performance criteria developed in the other objectives that will allow students to enter the nursing program other than at the beginning and exit other than at the end with credit for their demonstrated competencies.

Related Project Reports

Previous project reports have reviewed literature and discussed theoretical, measurement, and practical issues related to the project and have presented preliminary results. They are:

Project Report #2.0 Measurement in Competency Based Education by Martin Waechter and Diana H. Dean. January, 1974.

Project Report #2.1 Results of a Study of the Use of Celeration Analysis in Examining Program Integrity by Diana H. Dean. January, 1974.

Project Report #3.0 Issues Involved in Construction of a Competency Based Curriculum by Diana H. Dean and Martin Waechter. January, 1974.

Project Report #4.0 Nursing Curriculum in a "Write-Say-Do" Model by Martin Waechter and Diana H. Dean. January, 1974.

Project Report #5.0 Cost-Benefit Analysis by Philip O. Jones. January, 1974.

Project Report #5.1 Cost-Accounting Analysis by Philip O. Jones. January, 1974.

Project Report #6.0 Utilization of Professional and Patient Consumers in Specifying Nursing Competencies by Martin Waechter and Gene Crumpton. January, 1974.

Three final reports accompany this introduction. They are:

Final Report #4.1 Examination and Refinement of Curricular Outcomes for a Competency-Based Nursing Program.

Final Report #5.2 Cost Analysis of Mt. Hood Community College Nursing Program Relative to Nursing Education, Learner Benefits and Effectiveness.

Final Report #6.1 Examination of the Relationship for Desired Patient Outcomes Relative to Expected Curricular Outcomes in a Competency-Based Nursing Program.

Organization of the Final Reports

The Project grant proposal contained an evaluation plan which specified criteria for the meeting of each Project objective. In each final report, the objective or objectives to be covered will be listed, along with the evaluation criteria. Procedures used to meet the criteria will be described, along with results. Discussion, conclusions, and implications will be presented as appropriate, organized within each Project objective.

EXAMINATION AND REFINEMENT OF CURRICULAR OUTCOMES FOR A COMPETENCY-BASED NURSING PROGRAM

FINAL REPORT 4.1

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Mt. Hood Community College Nursing Program

This report is part of: An Investigation of the Cost-Benefits and Consumer Outcomes Related to Competency-Based Education in a Community College. Support for this project comes from The Fund for the Improvement of Post-Secondary Education, U.S. Department of Health, Education and Welfare.

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Glossary

Curricular Outcomes

concept------------------------the cognitive processes that occur before one acts

skill--------------------------the overt psycho-motor behavior

proficiency--------------------doing a specified behavior with specified accuracy at a specified frequency

course behavior----------------outcomes expressed in "write-say-do" format

write-say-do-------------------learner performance in which the learner writes the response, says the response, does the response, or any combination of these

program product behaviors------general statements of the curricular outcomes of the nursing program that demonstrate sensitive caring relationships and proficient technical performance

celeration---------------------a line indicating relative difference in performance frequency at different times

learning opportunity-----------incorrect demonstration of nursing competency or perceived opportunity without demonstration by the learner

FINAL REPORT 4.1

This report concerns the examination and refinement of curricular outcomes of the Mt. Hood Community College Nursing Program It covers all of Project Objectives 1 and 2 and part of Objective 5. It is organized according to the objectives and their evaluation criteria.

Objective #1: To further define the areas in which students will display competencies upon graduation from MHCC nursing program (program product behaviors).

Evaluation criteria:

1. A list of all course behaviors for the entire program in sequence, described in terms of behavior expected of the learner, speed required, and accuracy required, and change expected of consumer when appropriate.
2. A list of program product behaviors for the ADN graduate compiled from the above list, described in terms of learner behavior expected, speed, accuracy, acceleration required for each behavior, and change expected of consumer when appropriate.

Procedures

All course competencies were rewritten into a "Write-Say-Do" format. A complete description and discussion of the "Write-Say-Do" format is presented in Project Report #4.0. An abstract of that report and an example of a "Write-Say-Do" course outline is presented in Appendix 4.11. Briefly, the "Write-Say-Do" format describes each course behavior as (a) a written response, (b) an oral response, or (c) a demonstrated action response.

Faculty met weekly during the entire academic year to refine their course outlines and increase their proficiency in organizing nursing concepts into the "Write-Say-Do" format. All course outline revisions were completed the term prior to the course offering. The last outline was completed June 5, 1974.

Results

A list of course competencies in sequence with speed and accuracy statements is presented in Appendix 4.12. This list addresses Evaluation Criterion 1.

Appendices 4.13 and 4.14 present course behaviors related to program product behaviors. These lists address Evaluation Criterion 2.

Objective #2: To define competency and acceleration (program product behavior area) for each nursing level within the MHCC program: aide, LPN, ADN.

Evaluation criteria:

1. A distribution of the above list of course behaviors (competencies) for each nursing level.
2. A list of program product behaviors for each nursing level, including possible modifications of the speed, accuracy, and acceleration criteria for different levels.

Procedures:

The 1,354 course competencies specified by the faculty were listed in sequence according to the quarter in which they were to be presented to students. For each quarter, and "write", "say", and "do" competencies were clustered to facilitate retrieval for alternative grouping.

The course competencies were also organized within program product behaviors and distributed according to nursing level. During the process of distributing the course competencies, faculty discovered some course behaviors that were not necessarily unique to nursing. They designated these behaviors as "student" or "citizen" behaviors and listed them seperately.

Results

Appendix 4.12 presents a distribution of course behaviors according to nursing level, meeting Evaluation Criterion 1.

Appendices 4.13 and 4.14 list program product behaviors for each nursing level, meeting Evaluation Criterion 2. Appendix 4.15 lists "student" and "citizen" behaviors, which may be included in previous groupings, also.

Objective #5: To determine and strengthen the relationship between patient outcomes, program product behaviors, and course behaviors.

Evaluation Criteria:

1. A list of desired patient outcomes resulting from nursing care by MHCC students.
2. A computerized analysis of relationships within and between behaviors at all three levels of nursing in all three areas of concern: patient outcomes, program product behaviors, and course behaviors.

Final Report 6.1 concerns the relationship of desired patient outcomes to expected curricular outcomes in the MHCC nursing program. This report addresses relationships between program product behaviors and course behaviors. It will not address Evaluation Criterion 1, nor will it address the patient outcome aspect of Evaluation Criterion 2.

Procedures

To determine the relationship between program product behaviors and course behaviors, the following analyses were carried out:

1. Distribution of course competencies across program product behaviors
2. Comparison of "Write-Say-Do's" among nursing levels
3. Differences in learner performance
    a. Before and after use of the "Write-Say-Do" format
    b. According to student exit level, in terms of
        1) Performance proficiency
        2) Performance celeration

The results of these analyses will be presented and discussed separately.

Previous analysis of learner performance in the MHCC nursing program has compared correct and incorrect responses. This reflected the faculty's concern with accuracy as a measure of subject matter mastery. Early analysis revealed that students demonstrating high frequencies of correct responses also demonstrated accelerating incorrect responses. Since students monitor their own correct and incorrect responses, an increase in recorded incorrect responses indicates growth in student awareness of errors made. Faculty decided that recognition of errors is a sign of learning and adopted the concept of "learning opportunity" to replace the previously used category "error". "Learning opportunity" was defined to incorporate both recognition of an incorrect nursing performance and perceived opportunity to learn not accompanied by an incorrect performance.

Student performance data on program product behaviors stored in the computer's Behavior Bank during the past three years were used for the comparisons. Average daily combined program product behaviors were calculated by combining the daily frequency of learner performance on eight program product behaviors and dividing by the number of students recording each day. The eight program product behaviors combined to demonstrate average daily learner performance frequency are presented in Table I.

Table I

Program Product Behaviors Combined Produce Average Daily Frequencies of Learner Performance

	Correct		Learning Opportunity (LNOP)
Combined Correct	1. Applies Nursing Concepts.	Combined Learning Opportunities	1. Applies Nursing Concepts LNOP.
	2. Judges Interpersonal Care Sensitive.		2. Judges Interpersonal Care Insensitive.
	3. Teaches Patient.		3. Teaches Patient.
	4. Feels Positive about Nursing Program.		4. Feels Negative about Nursing Program.

Summaries of average daily combined program product behaviors were provided by plotting median frequencies per week. These summaries were called middle weekly performance frequencies. Middle monthly performance frequencies were derived from middle weekly summaries. The weekly and monthly summaries were used to compare frequency and celeration of student performance during 1972-73, before the "Write-Say-Do" format was introduced, and during 1973-74, after it was introduced. Average daily student performance plots for combined program product behaviors were presented in Appendix 4.16.

The following comparisons were made to test the effect of the "Write-Say-Do" curriculum on learner performance:

1. Middle weekly correct and learning opportunity performances, first year students, first quarter 1972-73 and 1973-74.
2. Middle weekly correct and learning opportunity performances, first year students, second quarter 1972-73 and 1973-74.
3. Middle weekly correct and learning opportunity performances, second year students, first quarter 1972-73 and 1973-74.
4. Middle weekly correct and learning opportunity performances, second year students, second quarter 1972-73 and 1973-74.
5. Middle weekly correct and learning opportunity performances, same students, first and second year in the program.
6. Middle monthly correct and learning opportunity performances, first and second year students, combined program product behaviors, 1972-73 and 1973-74.
7. Celeration comparison for correct and learning opportunity performances, first and second year students, combined program product behaviors, 1972-73 and 1973-74.

Additional student performance comparisons were made for fall and winter quarters 1971-72 and 1972-73 according to student exit point: Aide, LPN, RN, and dropped out. These comparisons provided indicators of differences in student characteristics for each exit-level group. They were:

1. Middle weekly correct combined program product behaviors, 1971-72 and 1972-73.
2. Combined monthly frequencies for correct and learning opportunity program combined product behaviors for the beginning first and second quarters.
3. Celeration of middle monthly combined correct and learning opportunity program product behaviors for the first and second quarters.

Results

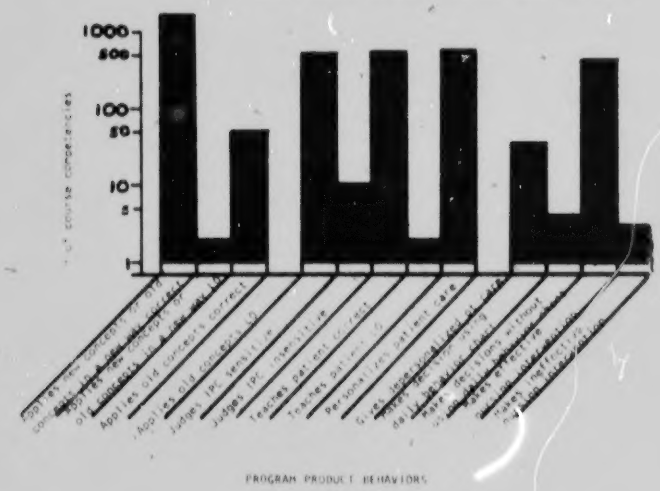
Distribution of course competencies across program product behaviors.

Most of the course competencies fell within five program product behaviors: applies new concepts or old concepts in a new way correctly, judges IPC sensitive, teaches patient correctly, personalizes patient care, and makes effective nursing intervention (see Figure 1.3).

Figure 1.3

Distribution of Course Competencies across Program Product Behaviors

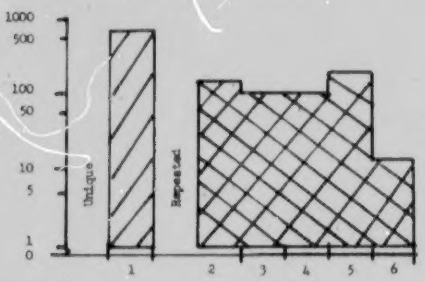
(Course Competencies may be repeated more than once.)



Some course competencies were placed within more than one program product behavior category. About 53 percent of 705 course competencies were assigned to only one program product behavior. No course competency was assigned to more than six categories. Figure 1.4 presents the number of course competencies listed within unique and multiple program product behavior categories.

Figure 1.4

The Number of Course Competencies that are Listed within a Product Behavior. All those Competencies listed once are unique To a Single Program Product Behavior.



Of the 53 percent of the course competencies listed within unique program product behavior categories, 52 percent of these were subsumed under the program product behavior "applies new concepts or old concepts in a new way correctly." Of the course competencies related to only one program product behavior, 44 percent were "Write's", 27 percent "Say's", and 30 percent "Do's". Only 18 course behaviors, or one percent of the total number, were distributed across four program product behaviors.

Discussion. The faculty was interested in the fact that many of the course competencies applied to more than one program product behavior. In many cases, the same course competency was related to program product behaviors concerning nursing skills and personalization of patient care. Demonstration of such course competencies would contribute to providing comprehensive patient care.

Distribution of course competencies across nursing levels. Approximately 33 percent of the course competencies were specified for the Aide level, 45 percent for the L.P.N. level, and 22 percent for the R.N. level (See Table 2). Figure 1.2 presents cumulative course competencies across course levels. The number of competencies required at the R.N. level is lower than would be predicted if the same number of competencies were added at the R.N. level as were added at the L.P.N level.

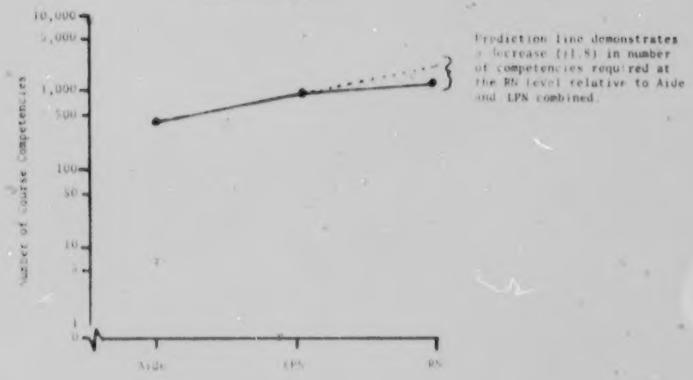
Table 2

Distribution of Course Competencies by Nursing Level

	Aide	LPN	RN	TOTAL	Proportion
Write	99	194	95	388	(29%)
Say	83	187	76	346	(25%)
Do	269	228	123	620	(46%)
TOTAL	451	609	294	1,354	(100%)
Proportion	(33.3%)	(45.0%)	(21.7%)		

Figure 1.2

Cumulative Course Competencies across Nursing Levels

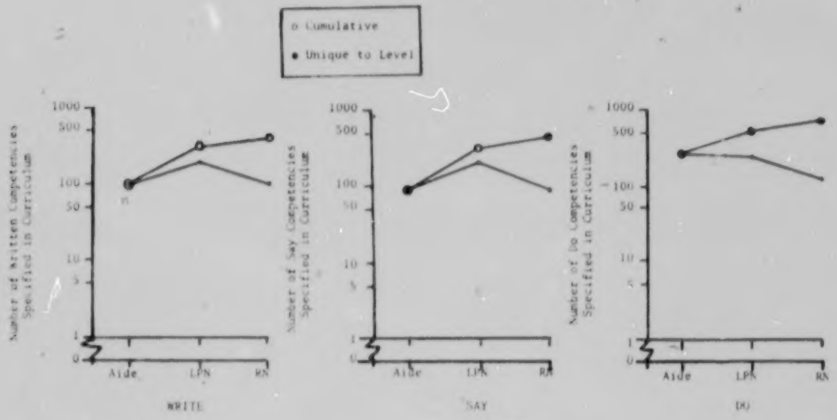


Prediction line demonstrates a decrease (↓1.8) in number of competencies required at the RN level relative to Aide and LPN combined.

Table 2 also presents the number of "Write", "Say" and "Do" competencies required at each of the three nursing levels. Within the curriculum as a whole, the proportion of "Write's" is 29 percent, "Say's" is 25 percent, and "Do's" 46 percent. Figure 1.1 illustrates the number of "Write-Say-Do" competencies unique to each nursing level and cumulatively.

Figure 1.1

Number of Competencies Write-Say-Do for each Nursing Level



Most "Write" requirements were demonstrated by students on paper-and-pencil concept tests. Table 3 shows a sample of course competencies taken from a course outline of a beginning nursing course, along with the related concept test.

Table 3

Relationship of Course Competencies Stated in

Outline Relative to Counterpart in Concept Tests

IN COURSE OUTLINE	CONCEPT TEST
State four essential behaviors to insure accuracy in measurement	Writes: (1) Read a scale at eye level/head on (2) Read a liquid measure at the meniscus (3) Place container on a level surface to read (4) Use a common unit of measure when making computations (5) Read and report unit of measure correctly
Define common terms basic to asepsis	Writes: (1) Microorganism - minute living body, not perceptible to the naked eye (2) Pathogen - a microorganism or substance capable of producing a disease (3) Spore - a reproductive cell - bacteria form very thick wall - very resistant to unfavorable environmental conditions (4) Virulence - relative power and degree of pathogenicity possessed by organisms to produce disease (5) Susceptible - having little resistance to a disease or foreign protein (6) Sterile - free from living microorganisms; including spores (7) Contaminated - to soil, stain, to make impure by introduction of disease, germs, or infectious materials (8) Barrier - an obstacle or impediment (9) Asepsis - a condition free from germs free from infection, sterile, free from any form of life
State the identifying properties of comfort	Writes: (1) A feeling of well-being (physically and mentally) (2) Free of anxieties/fear (3) Free of wants or needs (4) Free of pain

It can be seen that the number of written competencies, specified in general form in the course outline, is less than the number of written competencies, specified in detail, in the concept test. For this particular course, there were 47 generally stated written competencies in the course outline and 506 detailed written competencies in the concept tests. If the same rate of difference between course outline and concept test requirements were applied to all 388 written course outline requirements in the curriculum, there would be 3,570 written response requirements in all concept tests. If such a procedure were carried out for "Say" and "Do" competencies, a different profile of "Write-Say-Do's" would probably be produced from the one shown in Table 2. For the purposes of this report, however, the competencies as specified in the course outline will be used.

In the previous section, the distribution of course competencies across program product behaviors was discussed. It was found that 53 percent of the course behaviors were assigned to a unique program product behavior. Table 4 presents the distribution of those course behaviors assigned to a unique program product behavior according to nursing level and "Write-Say-Do" competency specification.

Table 4

Proportion of (53%) "Write-Say-Do" Course

Competencies Unique to a Program Product Behavior

	Writes		Says		Does		Total	
Aide	(78)	36%	(34)	15%	(106)	47%	219	30%
Licensed Practical Nurse	(168)	48%	(110)	31%	(75)	21%	354	49%
Registered Nurse	(68)	44%	(46)	30%	(38)	25%	151	21%
TOTAL	(314)	44%	(191)	27%	(219)	30%	724	

For these course competencies, all levels except Aide have a higher proportion of "Write" behaviors than "Say" or "Do" behaviors. At the Aide level, "Do" behaviors comprise 49 percent of all course competencies.

Discussion. The faculty noted that there were fewer course competency requirements at the R.N. level than at the other two levels. They attributed this to the fact that many of the competencies used at the R.N. level had been previously acquired, and emphasis at the R.N. level was upon their application in new and different ways, rather than upon acquisition.

The faculty has expressed a committment to the value of "Doing" in the design and implementation of a competency-based educational program. They were pleased, therefore, when analysis of "Write-Say-Do" behaviors demonstrated that 46 percent of all course competencies were "Do" behaviors. It was felt to be especially appropriate that the highest proportion of "Do" behaviors was required at the Aide level, where graduates with the least educational preparation are expected to deliver direct nursing services.

The process of revising the curriculum into a "Write-Say-Do" format revealed a conceptual problem to the fauclty. It became clear that the "Write-Say-Do" model permits sequencing of behavior to be learned only at the common sense or pragmatic level. It does not deal with conceptual characteristics of a body of knowledge such as nursing, nor does it relate conceptual logic to the acquisition of knowledge and skills required to apply that knowledge. Unless these issues are resolved, a logically ordered hierarchy of nursing competencies cannot be devised. These issues are discussed more fully in Project Reports 4.0 and 3.0 and in the 1974-75 funding proposal to the Fund for the Improvement of Post-Secondary Education.

Learner performance differences before and after the "Write-Say-Do" format. Figure 2.1 presents a comparison between middle weekly correct program product behavior performances of first year, first quarter students in 1972-73 and 1973-74. Performance celeration was greater for the 1972-73 students, but performance proficiency (frequency) was higher for 1973-74 students. Students in 1973-74 demonstrated twice as many correct program product behaviors as 1972-73 students.

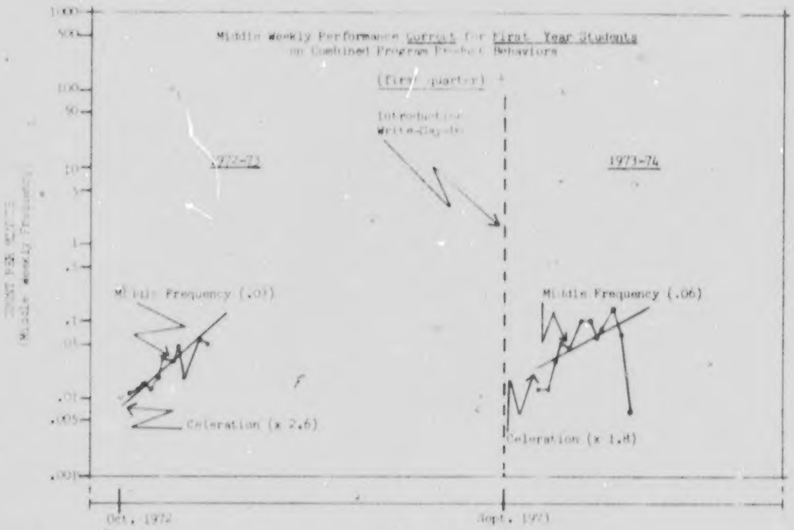


Figure 2.1

Figure 2.2 shows correct performance comparisons for the same first-year students during the second quarter. The 1973-74 students' celeration was slightly higher than the 1972-73 rate, and their middle frequency was five times as high.

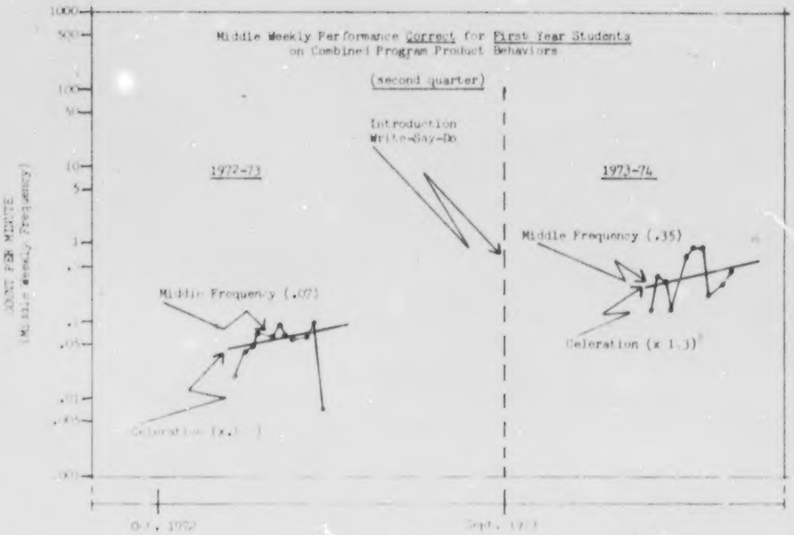


Figure 2.

Middle weekly correct combined program product behaviors for second year students during 1972-73 and 1973-74 first quarter are shown in Figure 2.3. Second year students in 1973-74 had higher proficiency and celeration rates than second year students in 1972-73.

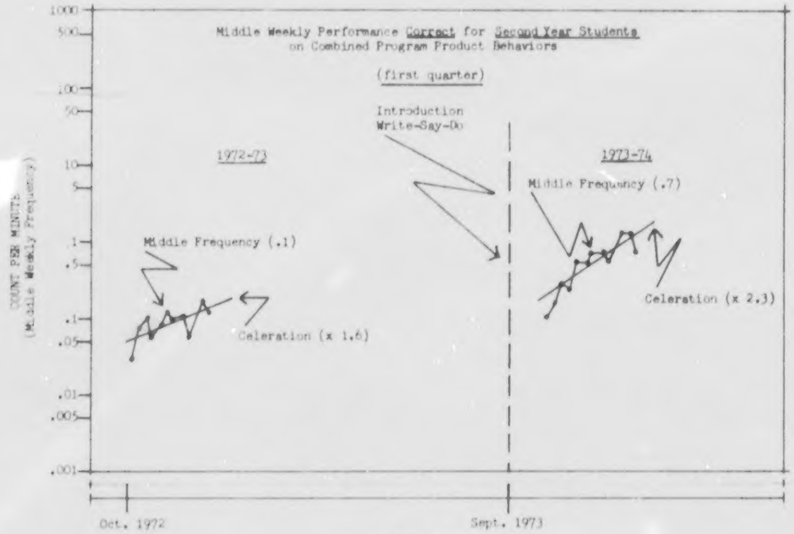


Figure 2. 3

Figure 2.4 presents correct performance comparisons for the same second-year students during the second quarter. Middle frequency for 1972-73 students was .1; for 1973-74 students, it was .4.

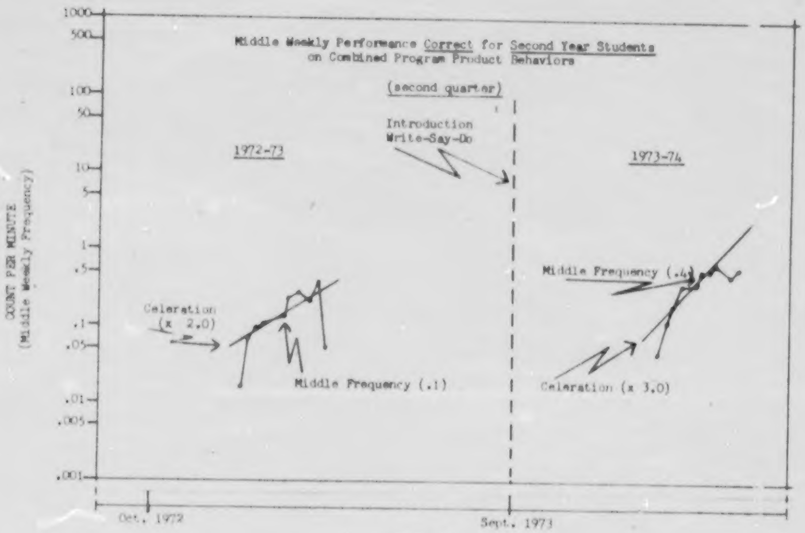


Figure 2.4

Middle weekly learning opportunity performances analagous to the correct performances presented above are shown in Figures 2.5, 2.6, 2.7, and 2.8. There appears to be no definite celeration pattern. However, both first and second year students perceived more learning opportunities during the 1973-74 academic year than during the 1972-73 academic year.

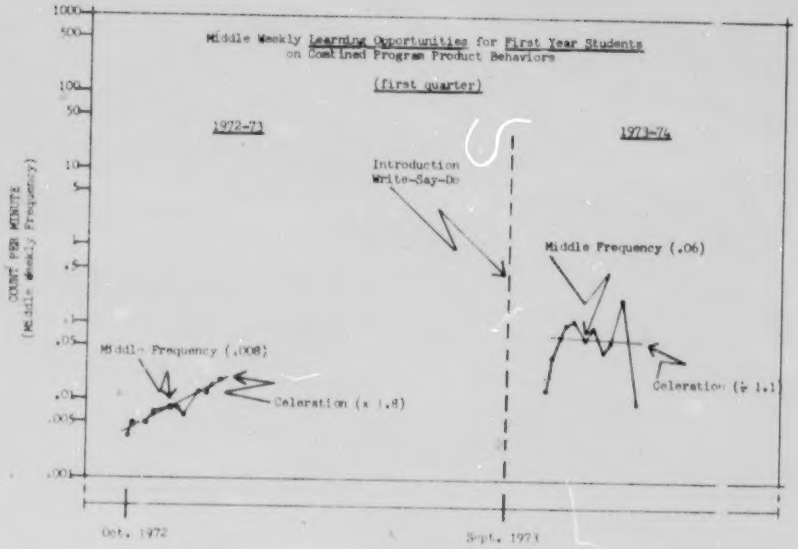


Figure 2.5

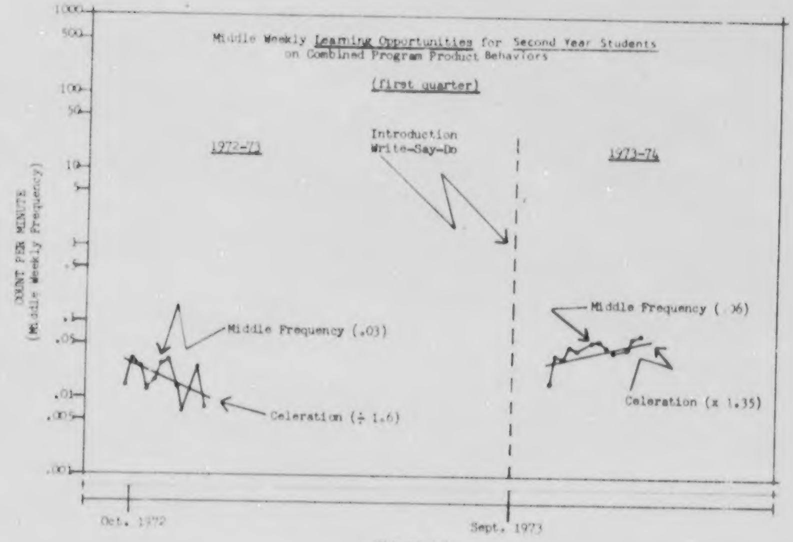


Figure 2.6

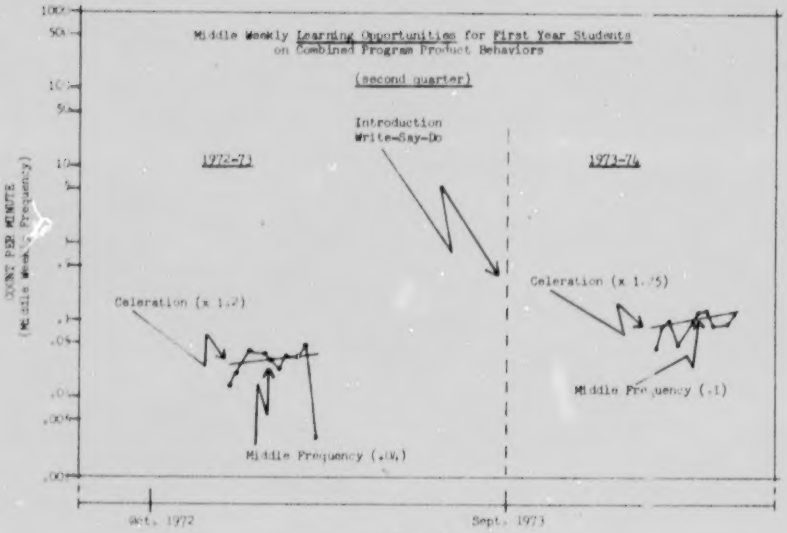


Figure 2.7

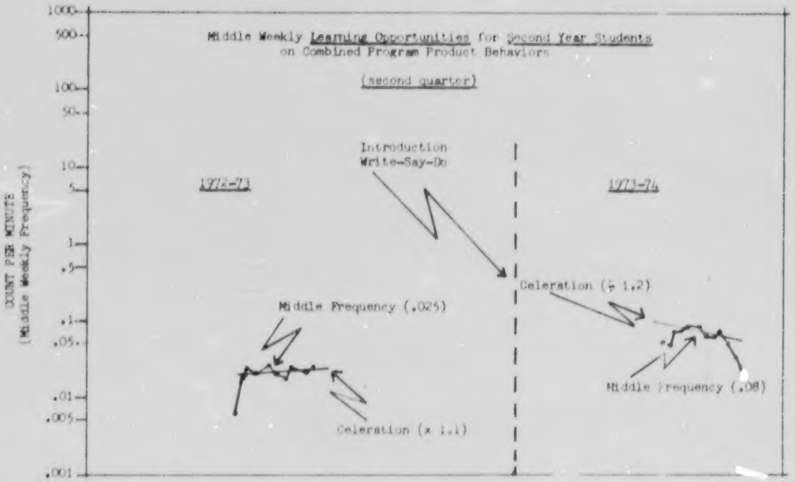


Figure 2.8

Figures 2.9 and 2.10 show comparisons of correct and learning opportunity performances for the same students during their first year in the program, before the introduction of the "Write-Say-Do" curriculum, and during their second year, after the introduction of the new format. Correct performance proficiency was twice as high the second year as during the first year. Celeration rates were similar. Learning opportunity frequency was higher during the second year, but learning opportunity celeration was lower.

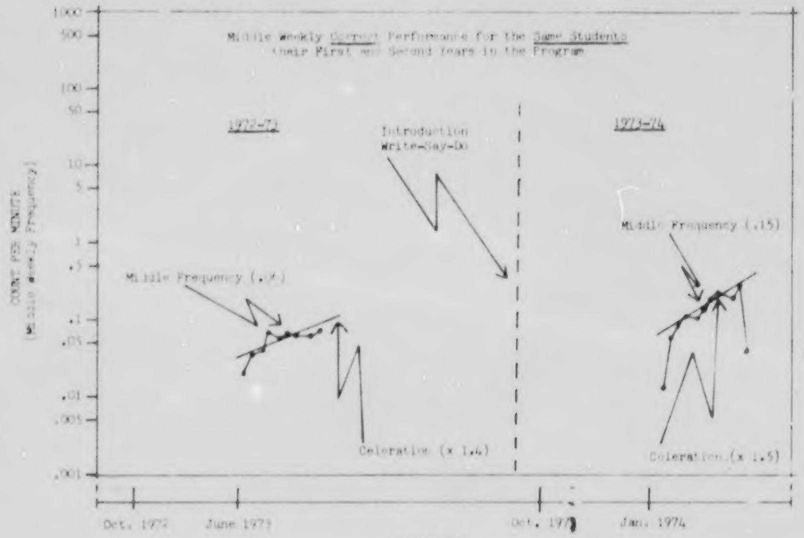


Figure 2.9

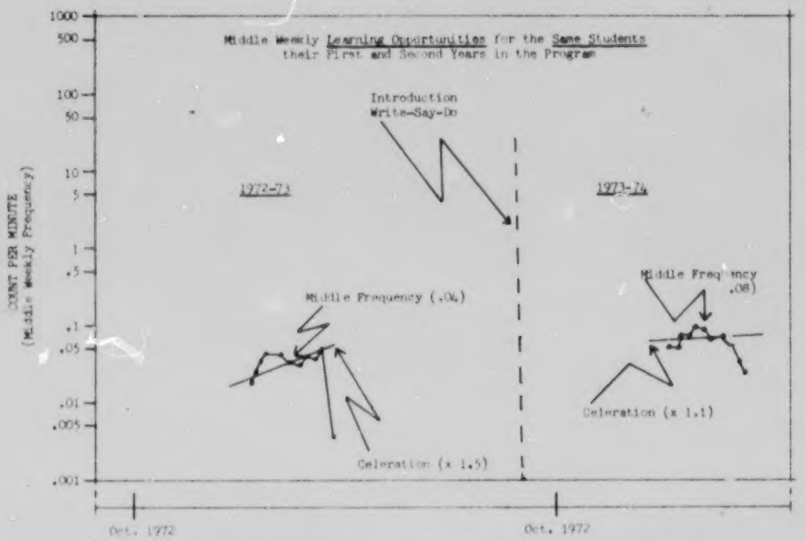


Figure 2.10

Middle weekly correct and learning opportunity counts on combined program product behaviors for all first and second year students during 1972-73 and 1973-74 are presented in Figures 2.11 and 2 12. Overall student performance proficiency for correct behaviors and identification of learning opportunities increased after the introduction of the "Write-Say-Do" format. Correct performance frequency celeration was higher the second year. Learning opportunity celeration declined during the first quarter of each year and increased during the second quarter.

Combined First and Second Year Students Correct Middle Weekly Count

Combined Program Product Behaviors 1972-73 and 1973-74

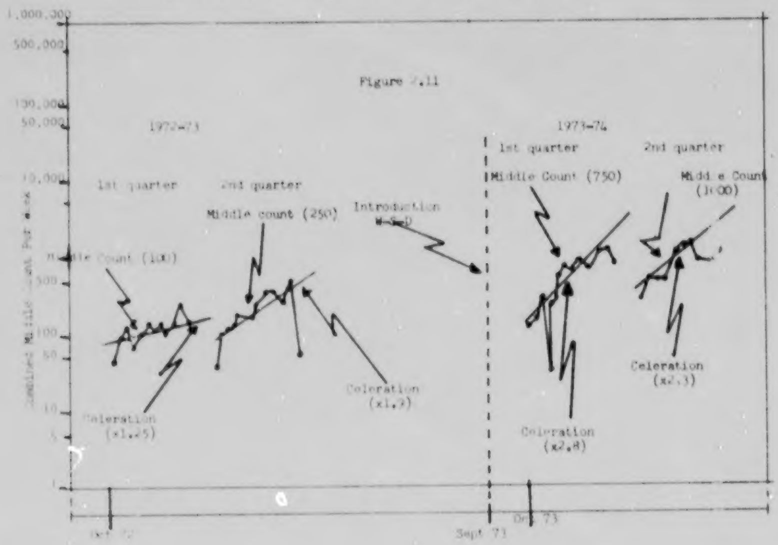
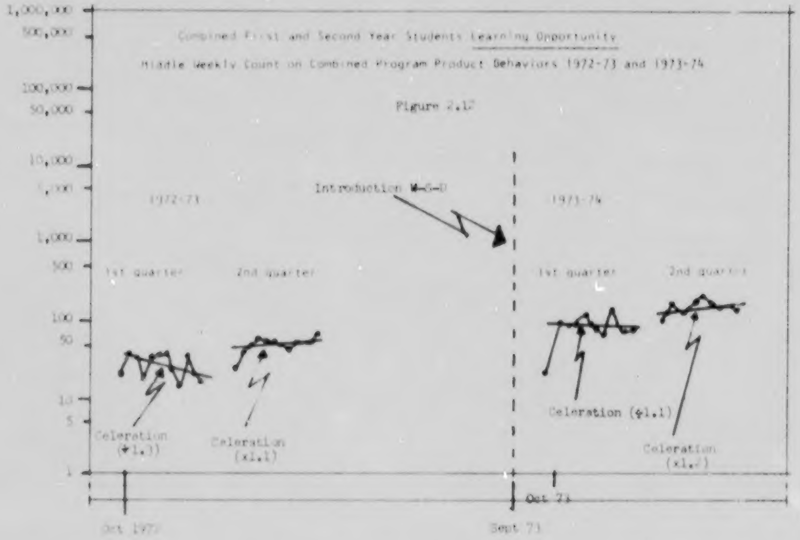


Figure 2.11



Combined First and Second Year Students Learning Opportunity

Middle Weekly Count on Combined Program Product Behaviors 1972-73 and 1973-74

Figure 2.12

An overall summary of the nursing program's effectiveness is presented in Figures 2.13 and 2.14. Figure 2.13 shows middle monthly counts of correct performances of combined program product behaviors for all first and second year students during 1972-73 and 1973-74. The dashed line in Figure 2.13 represents the 1972-73 celeration rate. Extension of that line predicts the growth in student correct performance, if all conditions remain the same. The straight line represents actual celeration of correct performances over the two years. It can be seen that actual growth rate was higher than predicted growth rate. At the end of the second year, students demonstrated 2.5 times (x) more correct performance proficiency than predicted by the first year celeration rate. As shown in Figure 2.14, learning opportunity count celeration remained the same over the two years. The end of the second year, students identified learning opportunities at the frequency predicted by the first year celeration rate.

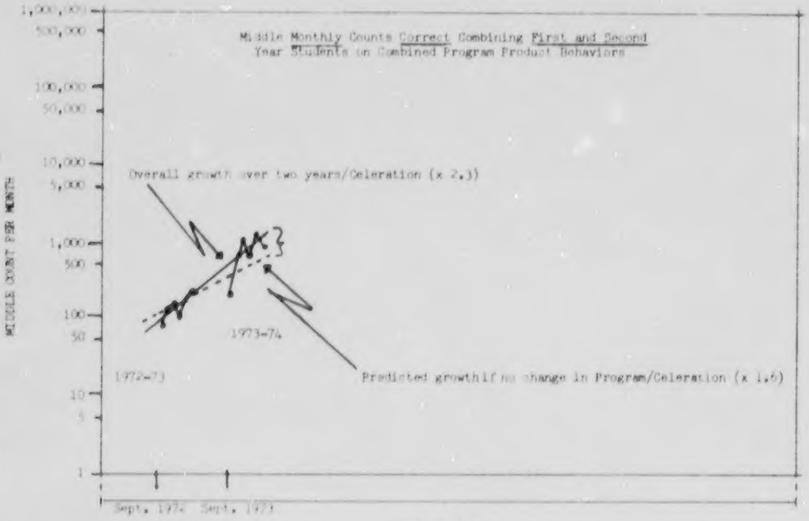


Figure 2.13

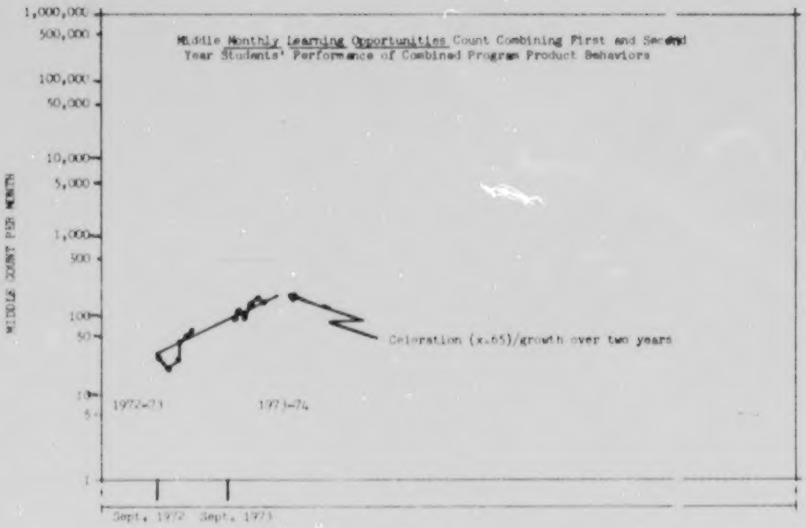


Figure 2.14

All comparisons in this section show an increase in learner performance proficiency for both correct and learning opportunity behaviors during 1973-74, when compared with 1972-73. Celerations increased in ten of the 14 comparisons. Six of these increases were in correct performances, and four were in learning opportunity performances. Only one comparison showed a deceleration in correct performances. There were three decelerations in perceived learning opportunities. See Table 5.

Table 5

Comparison of Celerations:

1972-73 and 1973-74

	Increase	Decrease
Total	10	4
Correct Behaviors	6	1
Learning Opportunities	4	3

Learner performance differences according to student exit level: Aide, L.P.N., R.N. and dropped out. Figures 2.1, 3.2, 3.3, and 3.4 present middle weekly correct combined program product behaviors for the beginning first two quarters during 1971-72 and 1972-73 for students at each exit level. Students in all four groups who began their nursing studies during 1972-73 demonstrated higher proficiency levels than students beginning in 1971-72. There was a greater difference in proficiency levels between the first and second quarters of 1972-73 than during 1971-72 for all groups. In 1971-72, student performance proficiency tended to be stable over the two quarters. Learning opportunities plots were similar to the correct performances plots with lower absolute frequencies.

Figure 3.1

Middle Weekly Frequencies Correct of Combined Program Product Behaviors for Individuals who exited the Program at Aide Nursing Level.

(Fall and Winter Quarters are Equivalent to all First Year Students Independent of Nursing Level Chosen.)

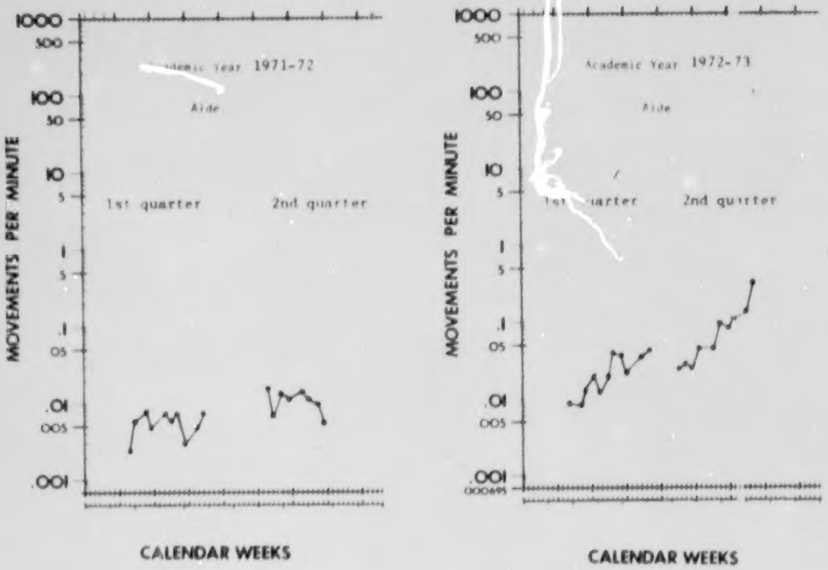


Figure 3.2

Middle Weekly Frequencies Correct of Combined Program Product Behaviors for Individuals who exited the Program at Licensed Practical Nurse Nursing Level.

Fall and Winter Quarters are Equivalent to all First Year Students Independent of Nursing Level Chosen.

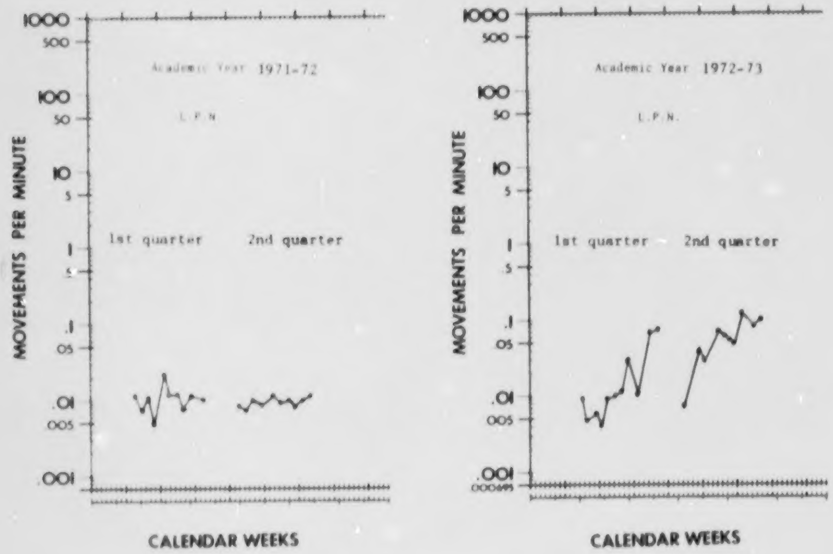


Figure 3.3

Middle Weekly Frequencies Correct of Combined Program Product Behaviors for Individuals who exited the Program at Registered Nurse Nursing Level

Fall and Winter Quarters are Equivalent to all First Year Students Independent of Nursing Level Chosen.

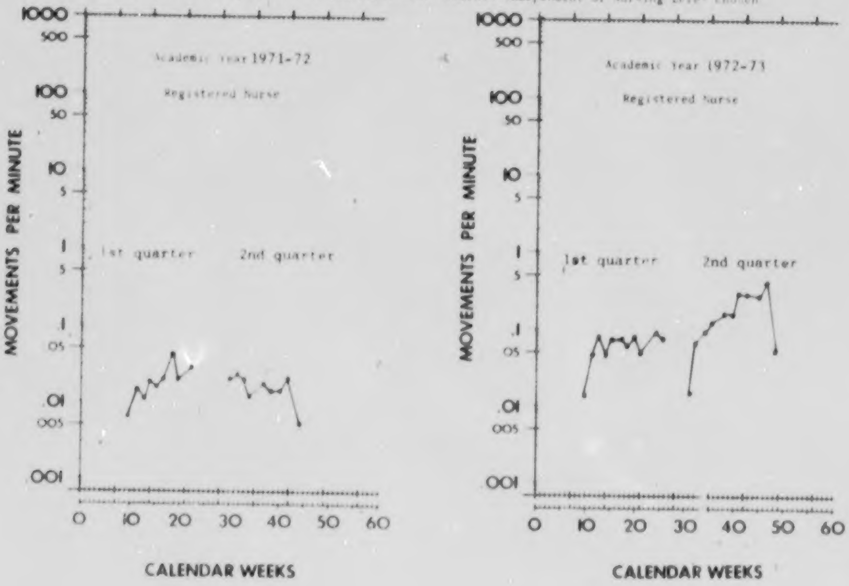
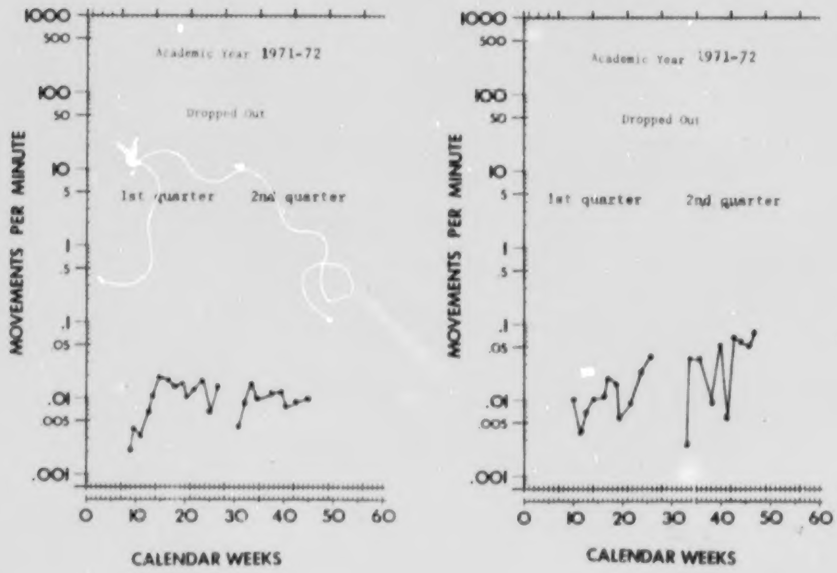


Figure 3.4

Middle Weekly Frequencies Correct of Combined Program Product Behaviors for Individuals who Exited the Program by Dropping Out

Fall and Winter Quaters are Equivalent to all First Year Students Independent of Nursing Level Chosen.



Figures 3.5 and 3.6 present two-year comparisons of monthly summaries of correct and learning opportunity proficiencies for the beginning first two quarters for each of the four exit groups. Both proficiency and celeration was greater during the second year for correct performances. For learning opportunities, there is less difference between the first and second years, except for students exiting at the R.N. level who showed higher learning opportunities proficiency during the second year.

Figure

Combined Monthly Frequencies Correct Beginning 1st and 2nd Quarter of Program Product Behaviors of Students that Exited in the Program at Different Nursing Levels

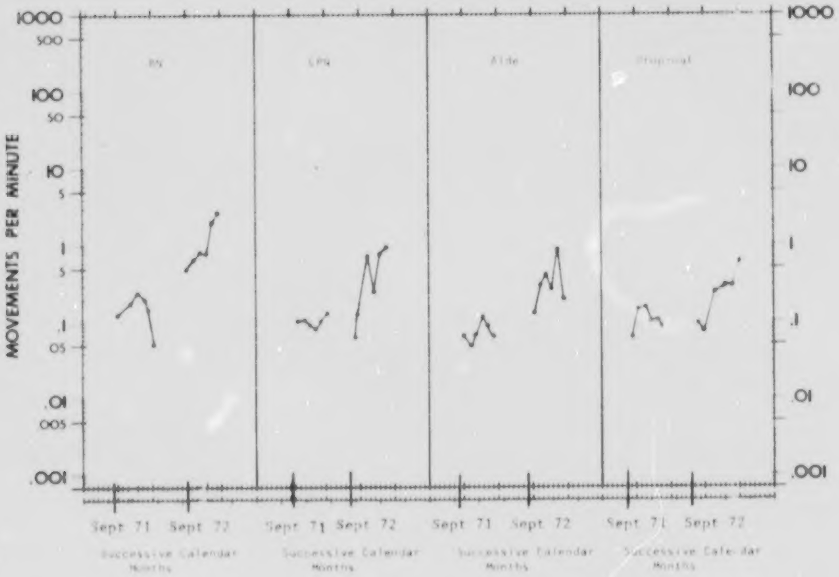
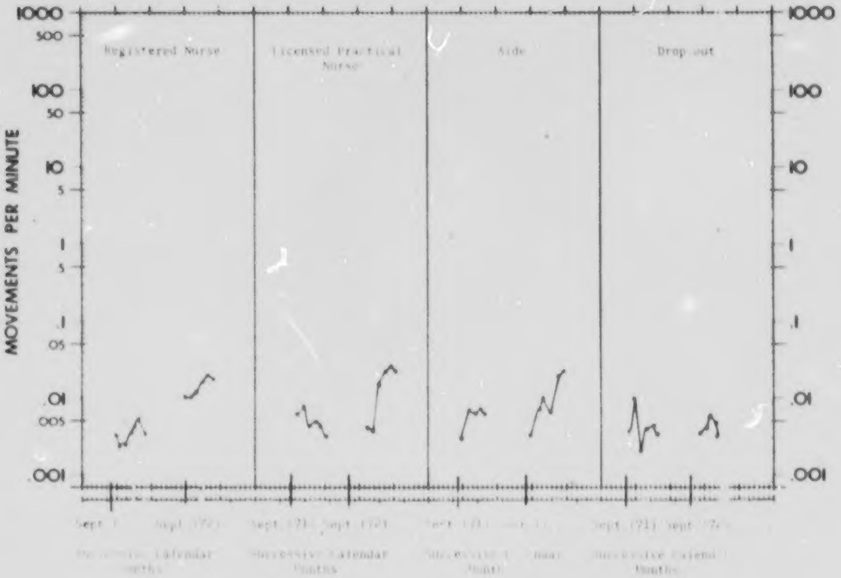


Figure 3.8

Combined Monthly Frequencies Learning Opportunities Beginning First and Second Quarter of Program Product Behaviors of Students that Existed in the Programs at Different Nursing Levels



Celerations of combined program product behaviors over two years using middle monthly summaries during the first two quarters of each school year according to exit level group are shown in Figures 3.7 and 3.8. Both correct and learning opportunities celerations decrease in the same order; RN, LPN, Aide and drop-out.

An indicator of differences in nursing proficiency levels of students entering the program is provided by the starting point of each celeration line. The lowest frequency shown on the behavior charts is .001 movements per minute, or one in 1,000 minutes (once a day). It can be seen that beginning RN students demonstrated ten correct program product behaviors per day. L.P.N. students demonstrated seven, Aide students five, and drop-outs nine. Drop-outs demonstrated

Figure 3.7

Celeration of Combined Correct Product Behavior over Two Years of the Nursing Program Using Middle Frequency per Month; First Two Quarters of the School Year. Beginning Students who later become (Exit level) Aides, LPN's, RN's or Dropped Out.

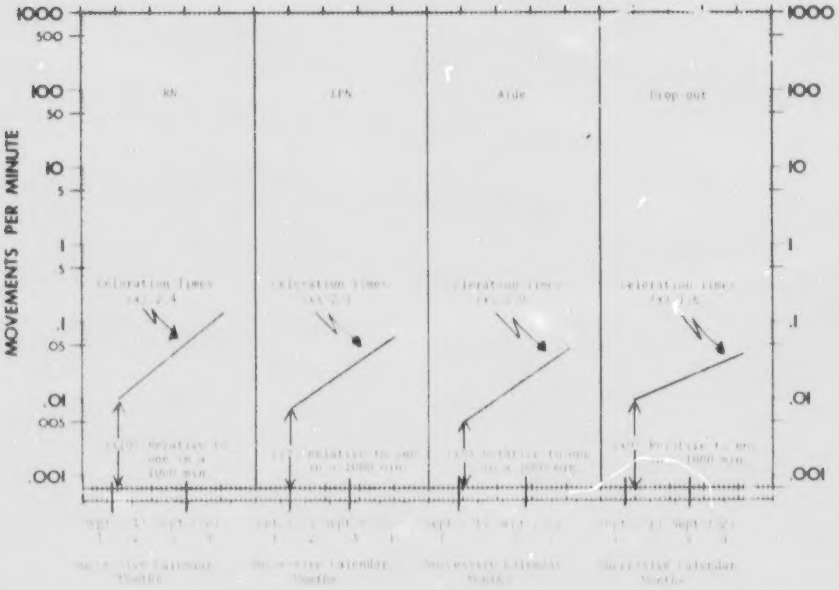
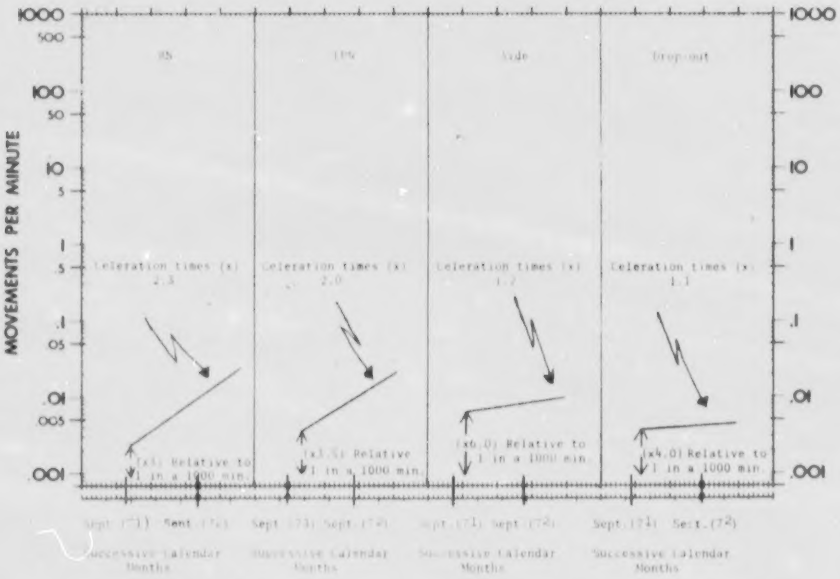


Figure 3.8

Celeration of Combined Product Behavior Learning Opportunities over Two Years of the Nursing Program using Middle Frequency per Month; First Two Quarters of the School Year, Beginning Students who later Become (Exit) level Aides, LPN's, RN's or Dropped Out



almost as much initial correct performance proficiency as RN students, while LPN and Aide students had lower rates. Initial frequencies for identification of learning opportunities showed a very different pattern. Aide students had the highest initial learning opportunity identification frequency, and R.N. students had the lowest frequency.

Discussion. The faculty noted the similarity in initial performances between students who exited as RN's and students who dropped out. They suggested two explanatory hypotheses. The first was that students who dropped out came to the program with previously acquired competencies and were interested only in certification, but the program was not responsive enough to accelerate their progress or to certify them unless they went through the entire program. This may have been the case for a few students, and it indicates a persistent problem in entry-level assessment. However, students have moved through the entire program in as few as six quarters.

The faculty's second hypothesis was that many students who drop out have the ability to complete the program, but they lack motivation or clarity of educational goals. The faculty felt that this hypothesis was supported by the lack of celeration in learning opportunities and the lowest celeration in all four groups in correct performances. Students who exited as RN's had higher celerations of learning opportunities identification, which may have led to their highest proficiency in correct performances of all four groups. Drop-out students had the lowest celerations and the lowest terminal proficiencies in correct and learning opportunities behaviors. Although the RN and drop out students' performances were the most similar when they began the program, they were the most different at the end.

Conclusions and Implications

This report has described the current effort and level of refinement of expected curricular outcomes of the Mt. Hood Community College Nursing Program. The task of disciplining the semantics of nursing behavior into a competency based format was a result of many attempts on the part of the faculty. Utilizing a composite of patient and professional consumer input, student performances, and historic program concerns, the faculty examined in maximum detail, the behavioral responses required from learners in the A.D.N. Program. The outcome of this process was the "Write-Say-Do" course outline, and the data presented in the Results section of this report relating to implementation of this format in school year 1973-74, suggested the following conclusions.

Conclusion 1: The outcome of refining curricular expectations by the A.D.N. faculty had direct benefits for the learner.

The specification of competencies in "Write-Say-Do" format produced a gain in proficiency levels as measured by performance of Program Product Behaviors. While there was little difference in growth (celeration) between predicted and actual 1973-74 performance (x1.44), significant gain (x2.0) in frequency (proficiency) occurred. This accounted for an overall gain of x2.5.

Conclusion 2: There is clearly some function of self-expectancy reflected in the performance differences between those students exiting as Drop-Outs, Aides, LPN's and RN's.

Overall change (celeration) is different when comparisons are made between students exiting at the four levels. The R.N. achieves the greatest celeration change and the L.P.N., Aide, and Drop-Out decrease respectively. Differences in absolute frequency of performance between students in the various exit levels when they initially came into the program, provides similar results. Students who became R.N.'s showed the highest initial frequencies. This initial performance indicator decreases respectively for L.P.N.'s and Aides. This suggests that most students who perceive themselves as R.N.'s tend to have a higher initial performance. However, students who drop out demonstrate almost as high an initial performance as those who became R.N.'s. Coupled with lower celeration in perceived opportunities to learn, it appears that personality differences such as motivation, rather than lack of ability, differentiate the drop-outs from the others.

Conclusion 3: A clear distinction needs to be made between the concepts of competence and proficiency.

The differences in performance found for those exiting at different levels of the program presents an interesting phenomena. All students independent of exit level, were considered "competent" at the point they left the program, but they demonstrated very different levels of "proficiency".

Conclusion 4: Both competency and proficiency requirements are needed as educational criteria.

Very different levels of performance were indicated in examining data of learners exiting at varying levels of the program. While most emphasis in competency based education tends to be upon competence, proficiency has also been shown to clearly distinguish levels of learner performance; the highest proficiency being attained by those completing the highest level of the program. The 1974-75 funding proposal to the Fund for the Improvement of Post Secondary Education addresses the need to collect equivalent data on practicing graduates of the program to help in identifying the utility of both measures.

All of the data that has been gathered and reported here have curricular implications and additional faculty time and effort will be necessary to appreciate these fully. One of the most important implications noted by the faculty was in the area of student counseling within the program. Since initial student performance on Program Product Behaviors seems to bear a relationship to exit level, this information may assist both faculty and students in determining appropriate exit points. More complete information will be necessary for synthesis of these ideas into the program.

APPENDIX 4.11

An Abstract of Project Report #4

(Nursing Curriculum in a "Write-Say-Do" Mode)

The following is a brief abstract of Project Report #4.0 in order to provide the reader with the rationale and format used in specifying course competencies in a Write-Say-Do model.

A primary problem in articulation of behavioral competencies is that of examining cognitive processes of learning and their relationship to overt behavior. It is not uncommon to see behavioral objectives stated as "to know". In many cases "to know" provides only indirect information regarding the competence subsumed. To preface the content issue with the verb "to know" does not allow us to directly tests the acquisition of the behavior desired. In refining the nursing program at Mt. Hood, we have adopted a model whereby learners demonstrate behaviorally the acquisition of course content. The emphasis has been the demonstration of these behaviors in classroom, simulation, and clinical field settings.

During the past three years, the development of the curriculum has proceeded rapidly with the faculty describing nursing behaviors as competencies. After teaching courses more in the traditional manner in the first few months of the program, the faculty decided that confusion still exists as to alternatives for learners to entry and exit, as to what we mean by a competency and as to whether we could measure the existance of the then so-called competencies in learners. At that time, the decision was made to divide the nursing competencies into two areas; concepts and skills. This seemed a realistic division since much educational literature is concerned with concept formation, cognitive processes, and skills demonstration. It became very apparent after collecting data in the clinical settings that there were times when students did skills which demonstrated that they were applying a concept correctly even though there was no awareness of the use of cognitive processes. Therefore, when concepts are defined as the cognitive processes that occur before one acts and skills the overt psychomotor behavior, we discover that these acts are not necessarily sequential acts. And, at times they are not simultaneous acts. Often, people were able to apply a concept accurately without consciously going through the cognitive processes. For example, in the area of using asepsis, which means "without germs", there is "granny" understanding that if you burn the tip of a needle before removing a sliver then it is better for the person who has the sliver. He doesn't get infections and the wound remains clean. Now, that the act is a demonstration of appropriate aseptic technique. However, in asking people about those kinds of activites, we find their behavior is imitative and though conceptually correct, there are no attending cognitive processes identified with needle-buring behavior.

As further discussion in the curriculum development ensured, communication seemed to contain a great many semantic difficulties. To deal with these difficulties a three day workshop was held with Dr. Ogden Lindsley from the University of Kansas. Time was spent dealing with the issues arising from the division of program material into concepts and skills. Information was accepted from elementary school language - write, say, do. We then isolated concepts related to nursing performance. With those concepts in mind, we determined what we wanted learners to be able to write, to be able to say, and what kinds of doing or psycho-motor skills we wanted them to demonstrate in simulation settings and in clinical settings.

The following is a small portion of one course outline in a Write-Say-Do format.

Nursing Concept	Write	Say	Do	# errors allowed	accepted frequency	setting
Personalization	1. Describe the identifying properties		1. Identify and include those activities that personalize each patient interaction			each skill
Assessment	2. Define 3. List a minimum of 5 basic areas of daily living that concern nurses in determining an individual's health status					Lab Clin
Data Collection	4. Define 5. List 3 major means of collecting data for assessment of health status giving 2 sources for each means. Respond to 2 through 5 in 5 minutes.		2. Find any given information on the Kardex and in a patient's chart in relation to his identified needs for nutrition, hygiene and activity in 5 minutes		x2	Lab
Interview	6. Define 7. State responsibilities of the interviewer		3. Elicit information related to a prestated purpose through an interview of 5-10 minutes Report outcome in group conference		x1 x2	Lab Clin
Validate	8. Define 9. Describe 2 ways to validate the mutual understanding of information given and/or received. Respond to 6 through 9 in 5 minutes		4. Validate the mutual understanding of information given and/or received during an interaction with another person for 5-10 min. Report on techniques used and outcomes to a group conference for evaluation		x1 x2	Lab Lab Clin

Nursing Concept	Write	Say	Do	# errors allowed	accepted frequency	setting
Observation	10. Define and state the ways in which persons make observations 11. Differentiate between objective and subjective data.		5. Objectively describ the behaviors (a minimum of 5) and the gross appearance of another person (to include skin characteristics) following 5-10 minute interaction to a group conference for evaluation of objective		x1 x2	Lab Clin
Perception	12. Define 13. Discuss how perception may influence behavior and communication. Respond to 10 through 13 in 5 min.					
Accuracy in Measurement	14. Define 15. State 4 essential behaviors to ensure accuracy in measurement					
Fluid Balance	16. Define 17. List the avenues of fluid intake and fluid loss, both normal and abnormal		6. Identfies those foods that are liquids on a given written list in 30 seconds with 0 errors		x1	Lab
	18. State 3 pruposes for prescirbed I & O measurement Respond to 14 through 18 in 5 minutes		7. Convert food intake amounts to milliliters, record and total. 36 in 6 min./0 errors		x1	Lab

APPENDIX 4.12

Listing of Course Competencies in Sequence With Speed and Accuracy Statements

The faculty has begun to develop speed and accuracy requirements for each competency listed in the course outlines. Speed requirements are stated primarily in one of two ways: either as 1) the amount of time the student is given to demonstrate the competence, i.e. $\frac{\text{competency}}{\text{number of minutes}}$ = frequency, or 2) the absolute number of times the behavior must be demonstrated correctly in order to assure competence. Accuracy is stated as the maximum number of errors the student is allowed in demonstrating the competency at a passing level. In addition to the above, there are some competencies within the curriculum that the student is expected to demonstrate each time the situation is present in which the behavior would be an appropriate nursing intervention, i.e. "personalizes patient care", a "Do" competency, is expected whenever appropriate in nurse-patient interactions.

In many cases, the student is given a certain number of minutes to complete a group of related competencies, though each is listed in the course outline as an individual response. For example, the student must demonstrate a "Do" competency while explaining the concepts involved in his/her actions, which is a "Say" competency. The extreme instance of this includes 30 of these related competencies grouped together within a given speed statement.

For the purpose of this appendix and present development, the following key is used for the purpose of differentiating these notations.

KEY

xA A = absolute number of times a behavior must be demonstrated

A min A = number of minutes the student is given to demonstrate one instance of the competency

xA/X min A = number of times behavior must be demonstrated;
X = number of minutes the student is given to demonstrate one instance of the competency

xA/X min* * = Behaviors that are marked in this way are members of a group of related competencies which have been combined and assigned a certain speed requirement as a group. In this instance;
A = the total number of behaviors which comprise the group;
X = the number of minutes the student has to complete the group

e.t. = competency which the student is expected to demonstrate each time the situation is present in which that would be appropriate

If a behavior has no speed and accuracy figures indicated, there have been none established at this time with most being considered a x1 with 0 errors.

AIDE

	Speed/ Frequency	Accuracy/ # errors
Writes the identifying properties of personalization	x1	0
Writes definition of assessment	x10/5 min*	0
Writes five basic areas of daily living that concern nurses in determining an individual's health status	x10/5 min*	0
Writes the definition of data collection	x10/5 min*	0
Writes 3 major means of collecting data for assessment of health status giving 2 sources for each means	x10/5 min*	0
Writes the definition of interview	x5/5 min*	0
Writes the responsibilities of the interviewer	x5/5 min*	0
Writes the definition of validate	x5/5 min*	0
Writes 2 ways to validate the mutual understanding of information given and/or received	x5/5 min*	0
Writes the ways in which people make observations	x4/5 min*	0
Writes the difference between subjective and objective data	x4/5 min*	0
Writes the definition of perception	x4/5 min*	0
Writes how perception may influence behavior and communication	x4/5 min*	0
Writes the definition of accuracy in measurement	x10/5 min*	0
Writes 4 essential behaviors to ensure accuracy in measurement	x10/5 min*	0
Writes the definition of fluid balance	x10/5 min*	0
Writes the avenues of fluid intake and fluid loss, both normal and abnormal	x10/5 min*	0
Writes 3 purposes for prescribed I & O measurement	x10/5 min*	0
Writes the identifying properties of environmental safety	x19/5 min*	0
Writes 7 types of hazards in the environment	x19/5 min*	0
Writes 7 factors that affect the physical safety of an individual in his immediate environment	x19/5 min*	0
Writes 4 kinds of sensory stimuli in the environment that may influence a person's condition	x19/5 min*	0
Writes the definition of common terms basic to Asepsis	x9/5 min	0
Writes the purpose and identifying properties of barrier techniques to effect Medical and Surgical Asepsis	x1/5 min	0
Writes the relationship of handwashing to asepsis and list a minimum of 8 instances when a nurse should wash her hands in a clinical setting	x1/5 min	0 0
Writes the constituents for an effective handwash and the rationale for each constituent	x1/5 min	0
Writes a minimum of 10 nurse actions in relation to behavior and apparel that demonstrate correct application of asepsis	x1/5 min	0
Writes an analysis of the efficiency of a task performed by another person or yourself	x1	0
Writes 24 actions for safe and efficient body mechanics in activities of daily living and nursing in relation to the components: Stability, Effort, Force, Friction, Torque	x1/6 min	0
Writes the identifying properties of alignment and comfort	x1/2 min	0

	Speed/ Frequency	Accuracy/ # errors
Writes 24 nursing actions essential for personalization, safety, comfort, efficiency and observation in bedmaking	x1/6 min	0
Writes 24 actions to effect personalization, safety, comfort, efficiency and observation in Special Mouth Care as relates to Oral Hygiene	x1/6 min	0
Writes 15 actions to effect personalization, safety, comfort, efficiency, observation, stimulation and relaxation in administering a bath and back rub	x1/5 min	0
Writes the identifying characteristics of grooming	x1/1 min	0
Writes 20 actions involved in hair care	x1/5 min	0
Writes 15 actions involved in nail care	x1/4 min	0
Writes 20 actions plus equipment essential to shaving	x1/5 min	0
Writes the characteristics of the basic food guide and of each nutrient	x1/20 min	0
Writes the identifying characteristics of foods allowed on 7 common prescribed diets	x1/15 min	0
Writes 20 actions involved in serving food	x1/5 min	0
Writes 24 actions involved in feeding a person	x1/6 min	0
Writes the characteristics of Vital Signs to include normal ranges, influencing factors and common terminology		
Writes the characteristics of Blood Pressure to include normal range, influencing factors and common terminology	x1/5 min	0
Writes the characteristics of Pulse to include normal range, influencing factors and common terminology	x1/10 min	0
Writes the characteristics of Temperature to include normal range, influencing factors and common terminolgoy	x1/5 min	0
Writes the characteristics of Respiration to include normal range, influencing factors and common terminology	x2/10 min	0
Writes an evaluation of each characteristic of 10 given blood pressure readings	2 min	0
Say actions necessary for safety, accuracy and personalization in measuring vital signs	x1	0
Says the concept being applied in relation to any action used to perform range of motion	x1	0
Says the actions required for tub and shower bath	x1	0
Says the concept being applied for any action being performed in bath and back rub	x1	0
Says the concept being applied for any action while positioning a person	x1	0
Says the criteria for evaluation of correct body alignment in both the sitting and standing positions	x1	0
Says the characteristics of efficiency	x1	0
Says the type of barrier technique being applied for each application of asepsis noted in a clinical observation	x1	0
Says and describes 4 actions necessary for safe application of restraints	x1	0
Says findings from safety assessment to a group conference for evaluation	x1	0

	Speed/ Frequency	Accuracy # errors
Do - Identifies and includes those activities that personalize each patient interaction	e.t.	
Do - Finds current information on Kardex and in pt. chart in relation to his identified needs for nutrition, hygiene and activity	x2/5 min	
Do - Elicits information related to a prestated purpose through an interview of 5-10 minutes	x3	
Do - Reports outcome of 5-10 minute patient interview in group conference for evaluation	x1	
Do - Validates the mutual understanding of information given and/or received during an interaction with another person for 5-10 minutes	x3	
Do - Reports on techniques used and outcomes in validating the mutual understanding in the interaction (interview) to a group conference for evaluation	x1	
Do - Objectively describes the behaviors (minimum of 5) and the gross appearance of another person (to include skin characteristics) following 5-10 minute interaction to a group conference for evaluation of objectives	x3	
Do - Identfies those foods that are liquids on a given written list in 30 seconds with 0 errors	x1/30 sec	0
Do - Converts food intake amounts to milliliters, records and totals	x1/3 min	0
Do - Accurately reads fluid levels and records from 12 graduated containers, 4 urine drainage bags, I.V. bottles	x1	
Do - Assess the safety needs of a confined person in his immediate environment to include sensory stimuli	x2	
Do - Safely carries and holds an infant	x1	
Do - Applies clove hitch, jacket and elbow restraints properly incorporating actions of personalization	x1	
Do - Records the various actions performed by personnel in a clinical setting in a 2 hr. observation period in which the concept of Asepsis was applied correctly	x1	
Do - Reports findings of 2 hr. observation in clinical setting to a group clinical conference	x1	
Do - Washes own hands using aseptic technique	x1/2 min	
Do - Incorporates actions for safe and efficient use of body mechanics to lift and carry a heavy object		
Do - Incorporates actions for safe and efficient body mechanics to turn and place a heavy object		
Do - Incorporates actions for safe and efficient body mechanics to move a large heavy object in 5 minutes	x1	
Do - Incorporates actions for safe and efficient body mechanics to adjust a Gatch bed to the positions listed: Fowler's, Semi-Fowler's, Orthopneic, Williams or Jack-knife, Hi then to Lo		
Do - Incorporates actions for safe and efficient body mechanics to adjust an overbed to high, low and across a bed		

	Speed/ Frequency	Accuracy # errors
Do - Incorporates safe and efficient use of body mechanics to raise and lower side rail in 5 min.	x1	
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person to move toward the head of the bed		
Do - Incorporates essential actions for personalization, safety, and efficiency while assisting a person to turn in bed		
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person out of bed		
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person into and out of a chair		
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person to ambulate		
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person into bed		
Do - Incorporate essential actions for personalization, safety and efficiency while assisting a person from bed to stretcher		
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person from stretcher to bed		
Do - Incorporates actions essential for personalization, safety and efficiency while assisting a person on and off a bed pan	x1	
Do - Incorporate actions essential to personalization, safety, comfort, efficiency and observation in placing a person in good alignment in a prone position	x1	
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation in placing a person in good alignment in a supine position	x1	
Do - Incorporates activities essential to personalization, safety, comfort, efficiency and observation to place a person in good alignment in a side-lying position	x1	
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation to place a person in good alignment in a Fowlers position	x1	
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation to place a person in good alignment in Orthopneic position	x1	
Do - Makes an unoccupied bed in 5 minutes	x1	
Do - Makes an occupied bed in 10 minutes	x1	
Do - Adapts bedmaking over a footboard (2 minutes)	x1	
Do - Adapts bedmaking pleat to bedding (2 minutes)	x1	
Do - Assists a person with oral hygiene when that person is in bed with no other restrictions or limitations (5 min)	x1	

	Speed/ Frequency	Accuracy # errors
Do - Assists another person with oral hygiene when that person is lying flat in bed but can turn to side	x1	
Do - Assists another person with oral hygiene when that person needs special mouth care with lemon and glycerine	x1	
Do - Demonstrates how to remove, insert and clean a denture	x1	
Do - Bathes a baby in 10 minutes	x1	
Do - Bathes an adult in bed in 20 minutes	x1	
Do - Gives a backrub following the adult bath	x1	
Do - Gives hair care to a person in bed	x1	
Do - Gives nail care to a person in bed	x1	
Do - Shaves a male friend or family member	x1	
Do - Sets up the equipment for a person in bed to shave with a safety razor	x1	
Do - Gives passive range of motion exercises to one arm and leg in 5 minutes	x1	
Do - Serves and feeds a person in bed a meal including need for silverware and a liquid taking no less than 20 minutes. The person is to be blindfolded during at least the first 10 minutes	x1	
Do - Locates 8 common pulse sites	x1	
Do - Locates and counts and describes accurately the pulse characteristics of the carotid artery	x1	
Do - Locates, counts and describes accurately the pulse characteristics of the radial artery	x1	
Do - Locates, counts and describes accurately the pulse characteristics of the dorsalis pedis	x1	
Do - Locates and counts the apical pulse in 75 seconds	x1	
Do - Obtains equipment for blood pressure measurement	x1	
Do - Measures blood pressure	x1	
Do - Evaluates blood pressure measurement	x1	
Do - Accurately reads and records 20 pre-set mercury thermometers in 2 minutes	x1	
Do - Incorporates taking pulse, respirations and temperature including describing characteristics of each	x1	
Do - Takes temperatures with a mercury (1) and then electronic thermometer	x1	
Do - Position a person for rectal temperature	x1	
Do - Prepares and places a thermometer for an axillary temperature	x1	
Do - Accurately graphs 33 temperatures and pulse rates in 7 min/0 errors	x1	
Write a brief overview of at least 2 prepaid health insurance bills being considered by the government. Include pros and cons to each bill.	x1	
Write a minimum of 10 categories found in the cumulative nursing index. Write 3 sources used in the index under each category	x1	

	Speed/ Frequency	Accuracy # errors
Write correct nursing actions relevant to nurses' code of ethics in a variety of described situations	x1	0
Write concept test on legal aspects covered in class discussions	x1	0
Write definition of the following as written in the nurse practice act: diagnosing, treating, practice of nursing, practice of practical nursing, practice of registered nursing	15 min	0
Write a care plan for patients selected in clinical setting, identifying scientific rationale for nursing intervention	x3	
Say findings from interview of a variety of allied health workers	x1	
Say - Discuss differences between institutions particularly in relation to the role of the aide-student-LPN-RN	x1	
Say - Discuss the following criteria of a profession: Utilizes a specialized body of knowledge based upon scientific principles, enlarges body of knowledge and constantly improves techniques in education by the use of scientific methods, group consciousness and activity for formulating professional policy and extension of scientific knowledge		
Say - Be prepared to share information gathered in research of curriculums and nursing schools in Oregon		
Say - Discuss ANA Code of Ethics and implications for practice		
Say - Discuss the following: Origin of Law, Classification of Law, Professional Malpractice, Nursing Liability, Independent and dependent functions of nurses		
Say - Discuss the components of the nursing process, the use of assessment to identify patients' needs, nursing care plans as an assessment tool, Is-Plan		
Do - Students will do patient assignments in a variety of clinical settings		
Do - Counts, charts and submits completed computer forms for behaviors listed on list of Program Product Behaviors		
Do - Each student interview a variety of allied health care workers (minimum 3) have each one interviewed define their role on the health team and how they see the role of the nurse	x1	
Do - Each clinical group research administrative lines in nursing service and construct a paradigm to illustrate information	x1	
Do - Research the following: Levels of education in nursing, curriculums of 2, 3, 4 year schools in Oregon, opportunities for advanced degrees and nursing research, the Cumulative Nursing Index		

	Speed/ Frequency	Accuracy # errors
Do - Research the professional nursing organizations, activities, eligibility, dues, etc.		
Do - Read the ANA Code of Ethics		
Do - Respects the confidentiality of the patient by not making unwarranted disclosure of information learned through the care of his/her patients		
Do - Read the Nurse Practice Act of Oregon		
Do - Recognizes the limitations of his/her knowledge and abilities in nursing and seeks assistance from appropriate sources as needed		
Do - Performs only the nursing care for which he/she is prepared		
Do - Utilizes measures to eliminate hazards to patients safety		
Do - Visit assigned patients the day prior to clinical experience. Assess needs of patient		
Do - Makes pertinent observation related to health problems of the patients		
Writes 18 words describing skin in acceptable medical terminology	3 min	
Writes 18 terms which might be used to describe a pt. on admission to a hospital in acceptable medical terminology	3 min	
Writes 30 actions in relation to personalization, comfort, legal, efficiency, safety, for admission of a patient into a hospital	8 min	
Writes 10 actions in relation to admission procedure and information needed for a pediatric patient	5 min	
Writes definition of 36 prefixes commonly used in medical terminology	4 min	
Writes definition of 24 suffixes commonly used in medical terminology	4 min	
Writes on chart essential information for patient including observations and treatments	15 min	
Writes medical terminolgoy for 20 phrases concerning urination and elimination	4 min	
Writes description of physical characteristics of urine sample and concepts applied in diagnostic tests on urine samples	4 min	
Writes - records result of diagnostic tests on 2 urine samples on chart paper	1 min	
Writes identification of 15 terms describing process of elimination	5 min	
Writes 45 physiological concepts applicable to elimination	15 min	
Writes definition of 14 abbreviations used concerning time orders on charts	3 min	

	Speed/ Frequency	Accuracy # errors
Writes 30 nursing actions essential to the concepts of asepsis, comfort, safety, personalization and observation when administering an enema to a patient	10 min	
Writes on chart paper the procedure and results of preparing equipment and administering an enema	1 min	
Writes 11 definitions pertinent to infectious diseases	3 min	
Writes 39 nursing actions appropriate to specific infective organisms	15 min	
Writes a floor plan and teaching plan for home care of patient with infectious hepatitis	1	
Writes 14 areas of abdomen and back which might require surgical preparation	3 min	
Writes a plan to teach a child age 5 in preparation for a tonsillectomy	15 min	
Write 8 nursing actions relevant to maintaining asepsis while donning sterile gown and gloves (closed method)		
Write 10 specific concepts of surgical asepsis a nurse must be aware of to maintain sterility of gown and gloves during sterile procedure		
Writes 6 nursing actions related specifically to containing contamination while removing gown and gloves		
Writes and describes four types of wounds	x33/15 min*	0
Writes identification and description of the two main ways wound healing occurs	x33/15 min*	0
Writes 3 causes of wound infections	x33/15 min*	0
Write 5 possible treatments of wound infection	x33/15 min*	0
Write 4 observations you would make regarding a wound	x33/15 min*	
Write 5 specific terms in relation to wound drainage	x33/15 min*	0
Write 4 safety concepts in relation to surgical incisions containing drainage tubes or penrose drains	x33/15 min*	0
Write on chart all appropriate data in relation to preparing a sterile dry dressing and changing a surgical dressing	x15/15 min*	0
Write on chart all appropriate data in relation to performing a wound irrigation, inserting packing and applying a dressing	x1/10 min	0
Write 15 behaviors used in bandaging application of binders and A.E. hose relative to the concepts of safety, comfort, asepsis, therapeutic	x1/6 min	0
Writes and define 4 processes by which the body loses heat	x19/10 min*	0
Write 3 therapeutic uses of induced generalized hypothermia	x19/10 min*	0
Write 6 therapeutic uses of induced local hypothermia	x19/10 min*	0
Write 6 nursing actions relative to concepts of safety, effectiveness in applying local hypothermia	x19/10 min*	0
Write 3 main local effects of heat	x23/12 min*	0
Write 2 examples of applications of each of the following methods of heat transfer: conduction, convection, radiation	x23/12 min*	0

	Spped/ Frequency	Accuracy # errors
Write - Define the following terms in relation to methods of application of heat: pack or compress, soak, stupe, poultice	x23/12 min*	0
Writes 4 therapeutic effects of hot wet compresses	x23/12 min*	0
Writes 10 safety concepts the nursing should utilize in the applications of hot wet compresses	x23/12 min*	0
Writes on patient's chart all procedures and appropriate data in relation to insertion of rectal tube and administering enema	x3/20 min	0
Writes 4 terms used to describe types of ostomies	x22/6 min*	0
Writes a comparison between colostomy and ileostomy in 8 stated categories	x22/6 min*	0
Writes 10 nursing behaviors used in reapplying a cement on ostomy bag relative to the concepts of safety, comfort, effectiveness, and observation	x22/6 min*	0
Writes 24 nursing actions used in doing a colostomy irrigation relative to concepts of personalization, comfort, effectiveness, safety, and asepsis	x1/ 6 min	0
Says in clinical conference the corrections needed in selected charting examples where medical terminology is not used to describe a patient		
Says actions required to obtain a clean catch urine specimen from a patient		
Says the rationale for actions while administering an enema		
Says nurse actions relative to inserting suppositories, testing a stool quaiaic method, and adapting equipment for an enema for a 6 month baby	5 min	
Says concepts of barrier technique while performing mask and gown demonstration		
Says concepts of barrier technique while bagging out laundry and instruments from an isolation unit		
Says definition of surgical scrub	x1/2 min	0
Says purpose of surgical scrub	x1/2 min	0
Says rationale for all actions while demonstrating surgica scrub without contamination	x1/10 min	0
Says concepts involved while demonstrating donning sterile gown and gloves (closed method)and removing contaminated gown and gloves	x1/15 min	0
Says 15 concepts of asepsis relevant to preparing and applying a sterile dry dressing	x1/15 min	0
Says 15 concepts of asepsis relevant to preparing a sterile dry dressing and changing a surgical dressing while demonstrating this action	x1/2 min	0
Says 10 concepts of asepsis relevant to priming solutions and the use of pick up forcepts	x1/10 min	0

	Speed/ Frequency	Accuracy/ # Errors
Says 15 nursing actions while performing a wound irrigation considering comfort, safety, and observation	x1/10 min	0
Say nursing actions for preparing equipment for insertion of rectal tube and oil retention enema embracing the concepts of asepsis, comfort, safety and personalization	x3/20 min*	0
Do - Select 2 examples of charting not utilizing medical terminology to describe a patient		
Do - Select 2 examples of charting using medical terminology to describe a patient		
Does role playing of admission of patient including necessary recording on chart form	30 min	
Does the performance of the following diagnostic tests on urine samples: specific gravity, test tape, clinitest, acetest	10 min	
Does preparation of equipment and demonstration of the administration of an enema	10 min	
Does mask and gown demonstrating application of barrier technique	5 min	
Does bagging out of laundry and instruments from an isolation unity	3 min	
Does demonstration of surgical scrub without contamination	x1/10 min	0
Does demonstration of donning sterile gown and gloves (closed method) without contamination	x1/15 min	0
Does removal of contaminated gown and gloves	x1/15 min	0
Does demonstration of donning sterile gloves (open method without contamination	x1/1 min	0
Does preparation of sterile dry dressing tray without the use of pickup forceps in the assembling procedure	x2/15 min	0
Does demonstration of concepts of safety, comfort, asepsis, personalization, efficiency and economy as you change a surgical dressing on a model or peer	x2/15 min	0
Does preparation of a sterile wet dressing tray using pickup forceps for transferring sterile supplies	x1/10 min	0
Does performance of a wound irrigation including insertion of packing into the wound and application of dressing	x1/10 min	0
Does application of a scultetuc binder using concepts of safety, comfort, asepsis and therapeutic effect	x5/15 min*	0
Does application of AE hose using concepts of safety, comfort, asepsis and therapeutic effect	x5/15 min*	0
Does application of Ace bandage to leg demonstrating circular and spiral turns using concepts of safety, comfort, asepsis and therapeutic effect	x5/15 min*	0
Does application of Ace bandage to elbow demonstrating figure of 8 turns using concepts of safety, comfort, asepsis and therapeutic effect	x5/15 min*	0

	Speed/ Frequency	Accuracy # errors
Does application of Ace bandage to peer's fist (to simulate a stump) to demonstrate recurrent turns using concepts of safety, comfort, asepsis and therapeutic effect	x5/15 min*	0
Does preparation of equipment for: return flow, insertion of rectal tube, oil retention enema, relief of fecal impaction	x3/20 min*	0
Writes how the body's homeostatic mechanisms differ from the stress mechanism and in what way are they similar	x7/5 min*	0
Writes five ways in which the presence and magnitude of stress response can be determined	x7/5 min*	0
Writes 6 measurable and/or observable responses to pain	x24/10 min*	0
Writes the 3 components of pain and describes the function of each component	x24/10 min*	0
Writes the four types of pain and gives an example of each	x24/10 min*	0
Writes 4 factors that may influence a person's perception of pain	x24/10 min*	0
Writes an "Is Plan" to effect a desired change in the pinpointed behaviors which infer either anxiety or fear	x1	
Write - Charts the frequency of behaviors in the Before, During and After phases	x1	
Writes a plan for nursing care with diagnostic data as one basis for problem identification	x1	
Writes the sources and page nos. on each care plan	e.t.	
Writes in concise accurate statements in the patient's chart, a record of observations	x1	
Writes an "Is Plan" to effect a therapeutic measure	x1	
Writes an analysis on a given form of a patient's actual 24 hour nutritional intake for the following prescribed diets: Liquid, N.P.O., Regular, any selected special diet	x4	
Writes the meaning of or application for each of the following terms: electrolyte, ion, anion, cation, valence, milliequivalent, osmolarity, tonicity, pH, buffers, acid-base balance	30/30 min*	0
Writes the names of major fluid compartments in the body, the percentage of total body water in each compartment for adults and infants, and the major factor that makes fluid percentages differ between persons	30/30 min*	0
Writes the major anions and cations in each of the fluid compartments	30/30 min*	0
Writes the ion or ions that exert the major influence on the following physiological processes: water distribution, osmotic pressure, nerve and muscle, electrical stimulation and propagation, onconic pressure of blood, acid base balance, enzyme reactions	30/30 min*	0
Writes in the patient's chart a record of the pts. food intake accurately and legibly	x3	

	Speed/ Frequency	Accuracy/ # errors
Writes the meaning of each term dealing with pre-operative medications	25/10 min*	0
Writes the name of 2 drugs for each term that are commonly used pre-operatively to obtain the desired effect	25/10 min*	0
Writes the rationale for administering a combination of pre-operative medications	25/10 min*	0
Writes the name of the types of drugs that cannot be combined with other drugs in a single dose administration	25/10 min*	0
Writes two essential nurse actions to effect the desired result of the pre-operative medications	25/10 min*	0
Writes 4 essential observations to determine safe responses to these categories of pre-operative drugs: hypnotic, sedative, analgesic, tranquilizer, narcotic, anticholinergic, synergism, potentiation	25/10 min*	0
Writes on the pts chart where valuables were deposited	x1	
Writes the measures employed by the surgery staff in O.R. to effect: safety, comfort and personalization for the patient before, during and after his surgery	x1	
Says - Makes presentations with overhead milars to include: factors causing illness, factors in pts. life contributing to illness, pinpointed behaviors that indicate pt. response to situation, signs and symptoms present, whether these signs and symptoms would be evident in all persons with this illness	x1	
Says - Describe words and manners that verify to instructor that you are able to deal with pt. and family factually and free from bias		
Say - Discuss each pt. and family only with qualified personnel specifically involved in the pt. care and for the purpose of seeking or giving information beneficial to the patient	e.t.	
Say - Tells the pt. and family whenever confidential information must be shared, with whom and for what reason	e.t.	
Say - Discuss "!s Plan" with instructor before implementing	x1	
Say the various methods available and used by physicians in diagnosis: normal values for blood and urine measures	x1	
Says the significance of abnormal values for blood and urine measures and for variation from normal in a differential white count	x1/15 sec	
Say - Makes and reports pertinent objective observations before, during and after a diagnostic test on a patient	x1	
Say - Differentiate between the various purposes for prophylactic and palliative therapy and give one example of each	x1	
Say - Differentiate between the various types of therapy physical agents, hydro, chemical, thermal, radiation etc. and give a minimum of one example of each		

	Speed/ Frequency	Accuracy/ # errors
Say those therapies that can be nurse initiated		
Say - Discuss the various meanings that therapies, tests, and hospitalization have on a person in relation to: confinement, dependence, self esteem, body image, seperation, trust, growth and development		
Say - Report observations of therapy administered to appropriate persons		
Say - Using open-ended questions elicit from pt. and family statements to describe their perception of the various tests and therapies as to purpose, method, frequency, times of administration, and overall significance of this to their lives	x2	
Say - Restate or paraphrase to validate family and pts. perceptions of the understanding of various tests and therapies	x2	
Say - Clarify or have the appropriate person clarify for the pt. and family any misunderstandings they have regarding tests and therapy administered	x1	
Say - Inform the appropriate person when unable to perform a prescribed test or therapy	e.t.	
Say - Consults with instructor and/or head nurse or the team leader before implementation of Is Plan to effect a therapeutic measure	x2	
Say the meaning of hyperalimentation and the nurse's primary related responsibilities		
Say the name and specific role of the major organs that maintain fluid and electrolyte balance in the body	x1	
Say accurately and concisely to the appropriate person, the pts. food intake at each meal when pertinent	x3	
Say to the appropriate person, evidence of tissue response or fluid infiltration at the siet of an I.V. needle or along the vein, or of I.V. fluid stoppage	x1	
Say the common clinical states or conditions that cause or could be potential causes of a fluid and electrolyte imbalance	x1	
Say the signs or measurements related to urine, skin, stools, weight, mucous membranes that give evidence of fluid deficiency	x1	
Say to the appropriate person any signs of fluid or food intake and loss imbalance		
Say the various ways in which individuals are immobilized by illness and/or hospitalization		
Say in a class report the physiological and/or psychosocial conditions that amy result from immobility. Include: definition of term, body sites affected, usual causitive factors, the nursing actions(s) and frequency needed for prevention, consequences to the pt. if the condition develops		
Say the clinical status in which coughing would be harmful to the patient		

	Speed/ Frequency	Accuracy # errors
Say the various reasons for surgical intervention	x1	
Say the need for and the hazards related to each of the three components basic to surgical intervention	x1	
Say - Report any temperature elevations or signs of a respiratory infection		
Say in a class presentation: the signs that indicate a patent airway and ways to maintain; positions that prevent aspiration; the signs and ways to check for levels of consciousness	x1	
Says in a class presentation the signs and essential nurse actions in response to signs of complications of surgical intervention	x1	
Says in a class presentation: the causes for occurence of surgical complications, the signs of distention and retension, nursing measures to prevent or relieve pt. of condition		
Say - Report signs of distention to the appropriate person	x1	
Say - Consult with an appropriate person to report signs of urinary retention		
Say in class presentation: 1) the signs and symptoms of wound infection, 2) essential and immediate nurse responses, 3) effect in the body of antibiotics, 4) specific nurse actions to effect the desired result of antibiotics		
Say - Report to appropriate person any adverse wound signs	x1	
Says the five stages of grief and identfy causes for grief other than death and ways to assist grieving persons	x1	
Do - Incorporates actions to effect the following concepts in each patient interaction: Safety, Personalizati Teaching, Therapeutic, Efficiency	e.t.	
Do - Establish an order or priorities in planning and implementing care for each pt.	x8	
Do - In each clinical setting - select 1 pt. to be presented to the next class session by the nursing caring for the pt. who will be identified only by initials, age and sex	x1	
Do - Use overhead projector to show patient is plan and chart	x1	
Do - Watch film on the Nature of Pain	x1	
Do - Expect difference among individuals, both physically and psychologically in response to illness, confinement and therapies to be administered	e.t.	
Does objective evaluation of the possible factors in each pts. life that could be causing or contributing to his/her illness, response to illness and/or therapies as a basis for planning care, health teaching, making environmental changes	x8	
Do - Demonstrate respect for each individuals' right to choose and live his own life style by: giving valid information related to illness/cause and effects to the pt. and/or his family in a manner that is factual and free from bias	e.t.	

	Speed/ Frequency	Accuracy # errors
Does pinpoint of behaviors exhibited by a pt. which infer 1) anxiety and 2) fear	x8	
Does initiation and/or implementation of Is Plan to alleviate or dispel an individual's feelings of Anxiety or fear	x1	
Does count of behaviors to be changed in the Is Plan in a Before, During and After phase	x1	
Does completion of celeration for each phase and the celeration multiples between the phases	x1	
Do - Locates in a patients chart the findings from the various methods used to establish a diagnosis	e.t.	
Does evaluation of the significance of the patient's diagnostic data as a part of planning each patient's care as to: variations from normal ranges, needs for specific nursing actions in care	x8	
Does selection and uses reliable sources to obtain information as to the meaning and significance of diagnostic test finding before planning or implementing pt. care	x1	
Does selection and uses reliable sources of information to adequately and safely prepare a pt. for a diagnostic test and obtain a speciment for a diagnostic test	x1	
Do - Makes objective, pertinent observations concerning the patient prior to and following a diagnostic test	x1	
Do - Appropriately act on observations made prior to and after a diagnostic test	x1	
Does selection and uses reliable sources of information to determine the scientific rationale for each of the patient's prescribed therapies	x6	
Does selection and uses reliable sources of information to determine the most effective way to administer each therapy in relation to the nurse's responsibilities	x5	
Does selection and uses reliable sources of information to determine the expected effects and possible side-effects of each therapy and make pertinent objective observations accordingly	x6	
Does selection and uses reliable sources of information to determine the nurse's role in therapies to be administered by other persons as to preparation, observation and ways to support the patient	x6	
Does administration of prescribed therapies and/or tests on time	x1	
Do - Ensures that a prescribed therapy or tests is performed on time (within the limits of your control) when referred to another person	e.t.	
Does identification of the problem and pinpoints the behaviors that indicate a patient's need for a nurse initiated therapy		
Does initiation and/or implementation of the Is Plan for therapy	x2	

	Speed/ Frequency	Accuracy/ # errors
Do - Counts the frequency of the desired behavior (either student or patient) to be effected Before, During and when possible, After implementing the therapeutic plan	x2	
Does computation of celerations for each phase and celeration multipliers between phases on chart of implementation of therapeutic plan	x2	
Do - Reads article in AJN	x1	
Do - Locates the blood chemistry profile in the pts. chart		
Do - Reads the values of blood chemistry profile and determines whether the values are within normal range for: 1) the major electrolytes and 2) the blood pH	x6	
Does evaluation of these readings (blood chemistry measures) and includes in plan for care		
Does planning and implementation of the appropriate nurse actions for any abnormal findings of blood chemistry measures	x1	
Does maintenence of accurate measurement and recording of an individual's fluid intake and loss: on very post-operative patient until deemed unnecessary by a qualified person, whenever there is doubt as to the adequacy of intake and loss, whenever it is ordered	x1	
Does accuate estimate of the amount of food intake at each meal	x3	
Does maintenence of drainage tubes in position to allow optimal flow	x2	
Does maintainence of I.V.'s in place and at the prescribed rate of flow	x2	
Does calculation of the drip rate per minute for a prescribed amount of I.V. solution to be given in stated length of time	x3	
Does location of the drip factor for the I.V. sets used in the clinical setting where assigned	x1	
Do - Looks at the I.V. needle site q. 1 hour minimum to identify signs of tissue sensitivity on fluid infiltration at the site or approximate to the I.V. needle	x2	
Does removal of an I.V. needle from an individual	x1	
Does assessment of each pts. fluid and nutritional status each day before implementing a plan of care to include: amount and balance of 24 hr. I & O fluids, food intake for 24 hrs. and loses of bowel elimination and characteristics, changes in mentation, muscle tone, tissue turgor, respiratory rate, weight gain or loss, state or oral mucous membranes	x5	
Does assessment of the characteristics of the patients urine and stools for signs of fluid excess or deficiency	x5	
Does implementation of necessary changes in the plan of care daily based on the assessment of the pts. fluid and nutritional status		

	Speed/ Frequency	Accuracy # errors
Do - Read four assigned articles from AJN regarding immobilization	x4	
Do - Watches film on Care of Patients in a Cast and in Traction	x1	
Do - Teach the patient to perform and participate in all of the activities whenever he is able and it is allowable for his condition to reduce or prevent the hazards that result in immobility and confinement	x5	
Do - Maintain the patients allowable amount of activity including range of motion of all joints	x1	
Do - Change pt. to allowable positions every 2 hours	x1	
Do - Maintain the integrity of the patients skin and mucous membranes. Include: look at all areas daily for redness, pallor, breaks, keep skin clean and dry, lubricate dry skin, massage around boy prominences, reddened, pale or tender areas, perform or make available oral hygiene	x5	
Do - Maintain the patient in functional positions of correct alignment that allows for maximum ventilation and is comfortable	x2	
Do - Ensure adequate deep-breathing and coughing (if appropriate) every 2-4 hours dependent on activity status	x5	
Do - Maintain, enforce or initiate a plan to ensure an adequate amount (for each patient's individual needs) and an accuate measurement of fluid intake and output	x1	
Does identification of the specific foods on the menu or on the patient's tray that will promote tissue healing, promote regular bowel elimination, and balance his nutritional needs	x1	
Do - Explain reasons for dietary restrictions if not understood by the patient or his family	x1	
Do - Make food choices known to dietician and staff by writing on the diet Kardex	x1	
Do - Instruct pt. in behaviors to promote regularity and adequacy in elimination to include: adequacy of fluids, responses to urges, foods that provide roughage or bulk	x1	
Do - Assist patients to maintain bowel regularity by: providing privacy, place in most natural position allowable, respond to call for elimination receptacle promptly	x5	
Does implementation of ways to maintain the individual's orientation to time and reality	x1	
Does initiation and/or implementation of ways to extend and vary the individual's spacial environment	x1	
Does pinpointing of behaviors that indicate a need for increased or decreased socialization	x1	
Does initiation and/or implementation of ways to effect a therapeutic change as needed in relation to socialization	x1	
Do - Provide or initiate diversion and/or intellectual stimulus that is therapeutic	x1	

	Speed/ Frequency	Accuracy/ # errors
Do - Employ safety measures that are scientifically substantiated and made as acceptable as possible to the patient	x1	
Do - Explain and validate the understanding of pt. and family as to the rationale for use and pt. benefit from any restraining device	x1	
Do - Inform the patient and his family of the usual expected events and activities that will occur pre- and post operatively in relation to the specific types of surgery (excluding specific diagnostic or prognostic information)	x1	
Do - Teach the patient pre-operatively to deep breath, cough and do leg and foot exercises by: actual demonstration and have pt. return demonstration until performed correctly	x1	
Do-Instruct the patient and his family as to the need for each of the following pre-operative safety measures and ensure their cooperation as each measure is implemented: food and fluid restrictions, removal of all loose prosthesis, extraneous accessories, ornaments, cloth and gum, a clean mouth and body, an empty bladder, a quiet environment, bed rest	x1	
Does measurement and evaluation of patients vital signs on the morning of surgery	x1	
Do - Check the chart for completeness of pt. preparations laboratory findings, signed permit, history and physical	x1	
Do - Ensure the safety of the pts. valuables by sending to the safe, giving to the family, or locking in a drawer at the desk	x1	
Do - Direct or guide the family to a comfortable waiting area while the pt. is in surgery	x1	
Do - Inform the family how they will receive information about the patient	x1	
Do - Inform the appropriate people where the family is waiting while the pt. is in surgery	x1	
Do - Accompany the pt. to surgery and observe his surgical procedure	x1	
Do - Care for the pt. in the recover room under direct supervision of a qualified nurse: position the pt. and ensure and maintain a patent airway, accurately measure evaluate and record V.S., test the pt. response to external stimuli by observing pupil size, face etc., feel the skin for warmth and moisture, look at the dressing and appropriate areas for bleeding and drainage	x1	
Do - Apply restraints as necessary in the recovery room		
Do - Accompany the pt. to his room and administer immediate and progressive post-operative care: vital signs, activity, dressings, drains, I.V.'s; ensure adequate ventilation, effective deep breathing and coughing unless contraindicated	x1	

	Speed/ Frequency	Accuracy # errors
Do - Perform passive leg and foot exercises and require increase active participation by pt.	x1	
Do - Notify the family when the pt. returns to his room and include the family in all possible pt. related activities	x1	
Do - Observe the film on Nursing Actions for Pain	x1	
Do - Apply concepts learned from viewing film "Nursing Actions for Pain" to maintain the pt. free from pain	[illegible]	
Do - Assist pt. to ambulate as soon as allowed in gradual steps of progression. Feel pulse and watch face for paling, perspiration and muscle tautness with each step	x1	
Do - Initiate or implement the appropriate actions to prevent or relieve nausea and/or vomiting, and hiccoughing if it occurs	x1	
Do - Feel abdomen daily for distention	x1	
Do - Makes effective nursing intervention to relieve distention if it occurs; return flow enemas, rectal tubes, suppositories		
Does evaluation of pts. urinary output as to amount and feeling of fullness after voiding	x1	
Do - Look at body discharges and drainage to be able to describe or record as to amount, color, odor, consistency, and route of loss	x2	
Does maintainence of asepsis and placement of the dressings on a patient. Look at the dressing daily or more frequently to determine the amount of drainage and appearance. Determine need for change and take appropriate action	x1	
Does wound care; observes whenever it is exposed for signs of swelling, redness, drainage, openings, bulges	x1	
Does assistance for pt. discharge by: assembling and packing belongings, ensure all possessions are there, arrange for transportation, ensure that pt. and family have adequate information concerning continuity of therapy, allowed activities, future visits to physician, obtain and give adequate information to pt. and family to reduce unnecessary trips, ensure that the pt. and his possessions are safely conveyed	x1	
Do - Watch film on "Until I Die"	x1	
Do - Listen to the cassette on the "Five Stages of Dying"	x1	
LPN		
Write - Define 21 words related to urinary system and urination	5 min	0
Write - Chart catheterization procedure	1 min	
Write 5 causes of cystitis	x12/3 min*	0
Write why epididymitis is a common complication in male pt. with indwelling catheter	x12/3 min*	0

	Speed/ Frequency	Accuracy/ # errors
Write - identify 5 abnormal constituents of urine and their causes	x12/3 min*	0
Write - Chart procedure for bladder irrigation		
Write names & describe 3 different types of naso-gastric tubes	x4/2 min*	
Write how an electric intermittant suction pump works	x4/2 min*	
Write - Chart procedure for insertion of Levine tube	x2/10 min*	
Write definition of lavage, gavage	x2/10 min*	
Write steps in sequence for performing gavage. Label each step	x2/5 min*	
Write actions when giving douche which demonstrate application of: asepsis, comfort, safety, effectiveness, teaching		
Write 5 nursing actions that are essential to determine need for O_2	x12/5 min*	
Write 4 nursing actions essential to determine effectiveness of O_2 therapy	x12/5 min*	
Write 8 nursing actions related to communication essential to effective oxygent therapy	5 min	
Write 8 nursing actions essential to safe administration of oxygen therapy	5 min	
Write nursing actions essential to effectively give IPPB therapy. Under each concept list actions in relation to the before, during, after pahse of therapy	20 min	
Write the difference between IPPB therapy and Oxygen therapy		
Write the differences in suctioning the oro- or naso-pharnyx vs. the trachea	3 min	
Write 12 nursing actions relative to preparing a patient for tracheostomy. Label each action using concepts of: Teaching, Personalization, Legality, Comfort	3 min	
Write - Chart tracheostomy suctioning. Include pertinent observations		
Write test over mathematics of drugs and solutions	35 min	2
Write meanings for 22 abbreviations or terms related to routes for medication administration	2 min	
Write abbreviations for 18 routes or areas of medication administration	1 min	
Write the interpretation of 20 medication orders	12 min	
Write 5 physical factors about patient considered by Dr. when prescribing drugs	x23/6 min*	
Write 7 (or more) facts about drugs the nurse should know before she administers it	x23/6 min*	
Write definitions of: synergism, antagonism, anticdote, toxicity	x23/6 min*	
Write 2 nursing actions (stated positively, sensitively) you would take if a peer asked you to give a medication she has already poured	x23/6 min*	
Write the "5 rights" of safe drug administration	x23/6 min*	

	Speed/ Frequency	Accuracy/ # errors
Write about 40 nsg. actions arranged in sequence to administer to Mrs. Chase: Digoxin 0.2 mg (0) 9 am, Maalox ʒ T qid pc (0) 9-1-6-9, Penicillin 300,000u, IM BID 9 - 9	20 min	
Write - Chart medications administered correctly on a med. sheet &/or nurses notes of the hospital in which you are currently practicing		
Write actions which indicate understanding of concepts related to ear irrigations: equipment, safety, comfort teaching, observations	5 min	
Write actions for application of eye medications	6 min	
Say 3 reasons for catheterization during skill demonstration on a model		
Say 2 main hazards of introducing an instrument or catheter into the bladder		
Say 2 differing opinions regarding taping catheter to the leg		
Say any nursing actions which cannot be demonstrated regarding catheterization		
Say modifications for male cath care		
Say nsg. actions related to doing bladder irrigation for the following concepts: safety, asepsis, teaching, personalization	x2/10 min*	
Say - a) 3 purposes of gastric intubation, b) observation (before, during, after), c) type asepsis used, d) patient teaching		
Say when is lavage carried out		
Say - a) 5 uses of vaginal irrigations, b) verbalize actions related to: safety, personalization, teaching, while doing douche	x12/20 min*	
Say the concentration of O_2 which can be administered by each type of equipment used: mask, canula, catheter	x12/20 min*	
Say a minimum of one advantage and one disadvantage for each type of equipment for administering O_2: mask, nasal canula, nasal cath	x5/20 min*	
Say daily care of equipment during use by pt.	x5/20 min*	
Say - Teach patient during demonstration of IPPB therapy		
Say nursing actions for assembling oro-pharyngical suctioning which cannot be demonstrated	x3/15 min*	
Say four situations which may require use of tracheostomy	x13/20 min*	
Say how plastic trach tube differs from silver one as to: appearance, safety, cleaning, re-use	x13/20 min*	
Say names of 4 common IM sites say important landmarks for each site	x12/5 min*	
Say 4 uses of nose drops and sprays	x16/5 min*	
Say actions which indicate understanding of concepts related to nasal instillations	x16/5 min*	

	Speed/ Frequency	Accuracy/ # errors
Say 5 uses of ear drops	x11/5 min*	
Say actions which indicate understanding of concepts related to ear medications	x11/5 min*	
Do insertion of indwelling catheter on model. Demonstrate: personalization, teaching, asepsis, efficiency	20 min	
Do attachment of catheter to drainage bag		
Do - Restore room to order and make patient comfortable		
Do - Perform cath care on model. Demonstrate concepts of: asepsis, comfort, personalization, teaching	5 min	
Do - Assemble equipment for bladder irrigation or instillation	x2/10 min*	
Do - Prepare patient & equipment for bladder irrigation or instillation as if you were doing irrigation	20 min	
Do - Insert a #12 Levine tube on a partner. Attach to suction	20 min	
Do - Assemble equipment for lavage	5 min	
Do - Assemble equipment for gavage	5 min	
Do - Assemble equipment and role play vaginal douche on model	x12/20 min*	
Do administration of O_2 to a partner using: face mask, nasal canula, nasal catheter	x12/20 min*	
Do - Demonstrate safety, efficiency, effectiveness comfort, and teaching in administration of O_2	x12/20 min*	
Do - Watch film or demonstration on oxygen tents, croupettes		
Do - Perform IPPB using Bird or Bennet on a partner - demonstration of safety, comfort, personalization, efficiency, asepsis	20 min	
Do - Assemble equipment for oro-pharyngical suctioning. Demonstrate techniques used for: unconscious pt., resistent pt.	x3/15 min*	
Do - Perform daily care of tracheostomy on model: suction tracheostomy, change dressings, change ties, clean inner canula, clean wound	x13/20 min*	
Do - Demonstrate your actions should trach tube become dislodged	2 min	
Do - Complete programmed instruction for calculating solutions and dosages		
Do - Prepare and administer oral medication to a partner. Demonstrate the concepts of: safety, comfort, personalization	10 min	
Do - Follow procedure as you would in a hospital for administration of: Digoxin 0.2 mg (0) daily 9 am, Maalox ʒ÷ (pc) p c & hs 9-1-6-9	10 min	
Do - Using an insulin syringe, prepare and administer to a partner "20 U. Reg Insulin" subcutaneously. (Use bottle of N.S. marked "u 40 Reg Insulin")	15 min	
Do - Prepare and administer 0.5 cc N.S. intramuscularly (gluteus maximus)	15 min	

	Speed/ Frequency	Accuracy # errors
Do - Prepare and administer to a partner 0.1 cc N.S. intradermally	15 min	
Do - Locate 4 common IM sites	x12/5 min*	
Do - Locate landmarks for each IM site	x12/5 min*	
Do - Prepare and instill one drop sterile n.s. into eye of partner	5 min	
Do - Prepare partner and equipment for instillation of nose drops	5 min	
Do - Prepare partner and equipment for ear drops	5 min	
Do - Demonstrate accepted method for straightening canal for adult and child in administering ear drops	5 min	
Write the problems and plan to implement the care in the order of priority for each patient	x8	
Write 10 terms related to observation of the newborn	10 min	
Write 7 handicaps of prematurity and describe the nursing actions for providing protection	10 min	0
Write multiple choice test regarding nutrition	5 min	0
Write toys and plan therapy appropriate to a child at: 2 months, 6 months, 1 year, 2-3 years	10 min	
Write - Choose proper toys for 5-6 year old child with eczema considering physical, intellectual and social development	x12/10 min*	
Write - Choose proper toys for child 2-3 years old in a double spica cast considering child's physical, intellectual and social development	x12/10 min*	
Write - Describe immunization for one year old. List reasons for withholding smallpox, rubella and rubeola	5 min	
Write - Identify the signs or symptoms specific to the following communicable diseases which set each apart from the others: varicella, rubeola, rubella, mumps, scarlet fever. Identify signs, symptoms, incubation period which are common to each		
Say - Discuss in class: weight, length, head circumference, reflexes, fontanels, vital signs, body and skin as relates to the newborn		
Say - Debate pro's and con's of rooming in vs. traditional Newborn visitation		
Say - Discuss in class: Causes and prevention of prematurity, physical characteristics of premature, problems and related nursing therapy for premature		
Say - Discuss respiratory therapy and complication of O_2 therapy		
Say - Discuss pro's and con's of breast and bottle feeding		
Say - Discuss types formulas available for infant and purpose of each		

	Speed/ Frequency	Accuracy/ # errors
Say - Discuss in class types of foods added to child's diet, when and why		
Say - Discuss causes and Rx for anemia, obesity, colic in small infants		
Say - Discuss: Beriberi, Pellagre, Scurvy, Rickets, symptoms, in terms of vitamin deficiency, food sources for therapy or prevention		
Say - Discuss difference in illness in children and adults based on: anatomical differences, physiological differences, psychological differences		
Say - Discuss child and parents reaction to hospitalization and measures to alleviate anxiety		
Say - Discuss effect of hospitalization on growth and development		
Say - Discuss common household accidents in home and their prevention		
Do - Incorporate "safety" into all nursing actions	e.t.	
Do - Incorporate "personalization" into all nursing actions	e.t.	
Do - Incorporate "therapeutic" into all nursing actions	e.t.	
Do - Incorporate "efficiency" into all nursing actions	e.t.	
Do - Incorporate "teaching" into all nursing actions	e.t.	
Do - Incorporate "parent participation" into all nursing actions with pediatric patients when appropriate	e.t.	
Do - Incorporate the concepts of "growth and development" into nursing actions when dealing with pediatric patients	e.t.	
Do - Incorporate "play therapy" into nursing actions when dealing with pediatric patients	e.t.	
Do - Incorporate "trust" into all nursing actions when dealing with pediatric patients	e.t.	
Do - Grief - Identify stage of grief if present in patient, causes and means to assist infant or child who is grieving	x1	
Do - Assess and compare three newborn in the nursery considering weight, length, head circumference, fontanels, reflexes, vital signs, and any pertinent body or skin observations	x3	
Do - In groups identify nursing goals for the following problems of prematurity. Make a plan of care for the patient to implement these goals and share them with the class: prevent asphyriation, prevent infection, provide warmth, provide suitable nutrition	20 min	
Do - Interview two mothers concerning their child's diet for the first year of life. Evaluate in terms of: adequacy of nutrition, growth and development, and allergy if inadequate, define changes needed and why		
Do - Care for a selected patient with gastro-enteritis or participate in identifying nursing goals and make a plan of care for the patient to implement these goals. Include therapy for diet and rationale for each stage of illness and related nursing actions	x1	

	Speed/ Frequency	Accuracy/ # errors
Do - Pinpoint in 2 clinical patients differences between children and adults: anatomical, physiological, psychological which effect nsg. evaluation of the illness. Plan and implement appropriate actions for the differences	x2	
Do - Obtain a pediatric nursing history and utilize in planning care for child while in hospital	x1	
Do - Assess two children of different age group, using developmental progress tools to evaluate motor skills, communication skills and self sufficiency skills	x2	
Do - Role play including emergency action taken for following accidents with toddler: aspirin ingestion, not coffee pulled over on toddler, foreign body in ear, fall down stairs		
Do care for a selected patient with upper respiratory infection or participate in identifying nursing goals and make plan for care for the patient to implement these goals	x1	
Write a log of your feelings, impressions, and thoughts each clinical day for your five weeks of clinical psych experience		
Write - Simulate problem oriented charting of your observations and intervention of your pts. behavior which inferred anxiety.	x5	
Write - Simulate problem oriented charting of your observations and intervention of your pts. behavior which inferred fear	x5	
Write a process recording that illustrates the use of each of the following 12 adjustment mechanisms in one of the following conversations: nurse-nurse, nurse-staff, nurse-patient, patient-patient. Mechanisms: repression, suppression, rationalization, identification, sublimation, displacement, compensation, projection, regression, introjection, intellectualization, denial	x1	
Write Is-Plan to effect a change in a patient behavior	x2	
Write a list of reasons for the development of special care environments		
Write a list of advantages of special care environments to the: patient, health care personnel		
Write a list of disadvantages of special care environments to the: patient, health care personnel		
Write at least one theoretical justification of a special care environment		
Say - During review of video tape: explore feelings experienced during taping, discuss body language seen on tape discuss process of interaction in presence of instructor or peer who has passed this competency		

	Speed/ Frequency	Accuracy # errors
Say - Present, as a member of one of three selected groups, a summary of one of the following issues and its effect on nursing intervention: the major components of communitive process, communication facilitators, communication blocks		
Say to the instructor (or staff) and the patient, those of the patient's behaviors that infer anxiety in him	x5	
Say to the instructor (or staff) and the pt. those conditions that appear to influence the behaviors in the patient	x5	
Say to the instructor (or staff) and the patient those of the patients behaviors that infer fear in him	x10	
Say to the instructor (or staff) and the patient those conditions that appear to influence the fear behaviors	x10	
Say - Discuss Is-Plan with instructor and/or staff before implementing	x2	
Do - Read article on attending behavior which will be handed to you in class	x1	
Do - Video tape a 5-10 minute interaction with a peer or patient	x1	
Do - During the video tape, practice the use of attending behaviors: relaxed comfortable position, initiate and maintain eye contact, take cues from peer or patient, develop areas of discussion	x1	
Do - Review video tape immediately following taping	x1	
Do - Evaluate attending behaviors from video-tape	x1	
Do - Chart each of the following behaviors as phase changes on a behavior chart using 500 minute record floor in the order presented: ask open ended questions, pair: 1) validates, 2) assumes, paraphrases, summarizes, reflects, infers	x6 x2	
Do - Remain silent with selected patient for 5 minutes	x2	
Do - Initiate eye contact with a patient	x2	
Do - Maintain eye contact with patient during a 10 minute conversational episode	x2	
Do - Read a book of your choice that has a human interaction plot	x1	
Do - Implement Is-Plan using successive or combined P, PE's, A & AE's until aim is reached	x2	
Do - Compute celerations from charts of your successful Is-Plan which you implemented after checking with the instructor	x2	
Write concept tests on postpartum	20 min	0
Write concept test feeding the newborn infant	20 min	0
Write plan of postpartum care, prioritize client's needs	e.t.	

	Speed/ Frequency	Accuracy/ # errors
Write - Record lumps, abnormal color, redness, cracks, erosions, blisters, discharge in breast inspection	e.t.	
Write - Chart color, amount, odor, abnormalities of hemorrhage	x2	
Write - Chart observations and care of perineum		
Write - Record amount and time of any bladder output		
Write concept tests on phenomena of labor	20 min	0
Write concept test on stages of labor	20 min	0
Write - Chart times and result of vaginal exams		
Write - Chart time, rate and regularity of Fetal Heart Rate		
Write - Chart procedure for perineal prep	x1	
Write - Chart results: amount, color, consistency, and odor after enema	x1	
Write - Chart results of vital signs, T, P, R, BP		
Write - Record contractions in minutes		
Write - Record contractions in seconds		
Write - Record intensity of contractions: strong, moderate, mild		
Write - Chart abnormalities observed in contractions		
Write - Record amount and time of any output of urine		
Write - Chart care given in providing opthalmic prophylaxis	x1	
Write concept test on newborn infant	20 min	0
Write concept test on feeding the newborn infant	20 min	0
Write plan of care for newborn, prioritize client's needs	e.t.	
Write - Chart observations made in caring for newborn	x1	
Write - Record observation and care in relieving breast engorgement		
Write - Involve client in developing care plan for a postpartum patient	e.t.	
Say - Instruct client in proper method of washing breasts while performing it	x1	
Say - Explain purpose of procedure to client in treating engorgement of breasts	x1	
Say - Explain procedure of breast and nipple inspection		
Say - Report significant findings in inspection of breasts and nipples		
Say - Explain procedure used in observing fundus		
Say - Instruct to bend knees up and place feet on bed when checking fundus		
Say - Report immediately if fundus is not firm		
Say - Explain procedure for observing lochia		
Say - Determine from patient length of time wearing the pad (postpartum hemorrhage)		
Say - Instruct patient regarding usual color, amount, and when lochia will cease (postpartum)		
Say - Explain procedure to patient prior to giving perineal care post partum		

	Speed/ Frequency	Accuracy/ # errors
Say - Report abnormalities in assessment of infant		
Say - Be prepared to report on character of infant stools		
Say - Emphasize importance of regular breast feeding during first two days (Colostrum)	x1	
Say - Inform mother that baby might not suck well at first	x1	
Say - Instruct how to awaken a sleepy infant, unwrap blanket, sit infant up, gently rub back, tickle bottom of feet	x1	
Say - Instruct mother to touch her nipple to infant's mouth and cheek	x1	
Say - Instruct mother why it is important that infant draw most of areola into his mouth. Include physical and emotional effect on mother and baby	x1	
Say - Instruct mother how to keep breast tissue away from infant's nose, change position of infant's head, press breast tissue away from infant's nose	x1	
Say - Insstruct mother regarding feeding schedule: 1st day - 5 minutes each feeding, 2nd day - 7 minutes, 3rd day - 10 minutes. Alternating breast - feed every 2-5 hours empty one breast before moving to other, using breast first which used last the period before	x1	
Say - Teach removing infant: mother inserts her little finger between the infant's gums, squeeze infant's cheeks together or pull infant's chin down	x1	
Say - Teach how to "burp" or "bubble" and when infant sitting upright on lap held over shoulder suspended on abdomen over knee	x1	
Say - Commend mother on her achievements in labor and delivery	x1	
Do - Check hospital procedure before doing any care	e.t.	
Do - Wash hands, use clean wash cloth, use circular motion starting at the nipple and working out in doing breast care	x1	
Do - Apply binder, administer analgesics, ice caps, ointment or heat to engorged breasts	x1	
Do - Inspect breasts and nipples: wash hands, use good light, palpate all sides		
Do - Observe height of fundus: press on abdomen to locate, press on fundus, massage if not firm		
Do - Observe lochia: examine perineal pad, observe color, amount and odor of hemmorrhage	x2	
Do - Observe perineum	x2	
Do - Provide perineal care: wash hands, remove soiled pad from front to back, wipe vulva from front to back	x2	
Do application of heat lamp, assist with sitz bath, apply glove or ointment or spay in episiotomy care	x1	
Do - Observe and palpate abdomen for distension	x2	
Do check of urinary output	x2	

	Speed/ Frequency	Accuracy # errors
Say - Instruct patient how to sit (episiotomy)		
Say - Encourage voiding as soon as possible after delivery		
Say - Report discomfort or distention of bladder		
Say - Check bowel function		
Say - Explain exercises and rationale: lying on abdomen, lying on back and raising and lowering head, contracting and relaxing perineal muscles, straight leg raising, knee chest. Ask for return demonstration	x1	
Say - Teaching regarding: douching, intercourse, rest, diet, activity, bathing, check-up	x1	
Say - Involve client in developing plan of care in labor	e.t.	
Say - Explain procedure of vaginal and rectal exam to patient	x1	
Say - Report frank bleeding		
Say - Report any abnormalities: FHR below 100, FHR above 160, Irregularities, presence of meconium in vaginal discharge		
Say - Explain procedure for perineal prep and rationale to client		
Say - Ask client if there has been recent change in condition of their warts or moles		
Say - Explain enema procedure and rationale to client	x1	
Say - Report abnormalities in vital signs		
Say - Explain importance of procedure and expected frequency of contractions in timing contractions		
Say - Explain importance of frequent urination		
Say - Discuss rationale for "nothing by mouth" when patients are in the last stage of labor	x1	
Say - Encourage father to participate in any care possible in labor room		
Say - Encourage use of mouthwash, offer chapstick or comparable in labor room		
Say - Instruct father regarding sacral pressure during contraction		
Say - Inform mother and/or father of progress in labor		
Say - Instruct client that she can assume any position in which she feels comfortable during labor		
Say - Suggest Sims's position as a comfort measure to a patient in labor	x1	
Say - Commend prospective parents on their progress		
Say - Coach breathing according to prenatal instruction or hospital procedure	x1	
Say - Show handles on delivery table and explain purpose		
Say - Encourage appropriate breathing patterns		
Say - Commen parents on their accomplishments in labor and delivery		
Say - Be prepared to respond to questions by mother or instructor related to: eye function and color; milia; coolness of extremities, cord; red rash; vernix caseosa; mongolian spots; reflexes, moro, rooting, sucking, step, grasp, sleep, cry, sneeze		

	Speed/ Frequency	Accuracy/ # errors
Do - Sit client up, screen and leave alone, force fluids, turn on water faucet, warm water over vulva, blow bubbles through straw, to encourage voiding	x1	
Do - Accompany to shower the first time in postpartum show signal light	x1	
Do - Ambulate as soon as possible	x1	
Do - Assist doctor or nurse with vaginal exam and rectal exam	x1	
Do - Set up necessary equipment, sterile gloves, masks, antiseptic solution in labor room	x1	
Do - Assist into dorsal recumbent position	x1	
Do - Drape client	x1	
Do - Put on mask and give one to doctor or nurse in labor room	x1	
Do - Cleanse vulva and perineal care	x1	
Do - Wipe vulva from front to back	x1	
Do - Remove excess solution or lubricant from perineal area		
Do - Check fetal heart rate - locate fetal heart by listening to mother's abdomen, check mother's pulse to distinguish from FHR, count FHR for 15 sec and multiply by 4		
Do - Perineal prep: assist into dorsal recumbent position, use fresh razor blade, use soapsuds liberally, have good light, hold skin taut, front to back, dry cotton ball in vaginal orifice, turn to Sims's position to shave anal area	x1	
Do - Give enema to woman in labor	x1	
Do - Take vital signs, T, P, R, BP		
Do - Time contraction - place hand lightly on mother's abdomen, interval (frequency): from beginning of one to the beginning of next		
Do - Determine duration and intensity of contractions		
Do - Observe contractions for abnormalities greater than 80 seconds, uterus does not relax properly between contractions		
Do - present bedpan		
Do - Observe and palpate abdomen for distension		
Do - Evaluate husband's mental status and ability to work with wife during labor and delivery		
Do - Present wet wash cloth to client in labor room		
Do - Present chapstick or comparable to client in labor room		
Do - Press flat of hand on small of back during contraction if requested		
Do - Assist her to turn or sit up as she desires with the assistance of side rails	x1	
Do - Demonstrate techniques of breathing if client seems to be out of control		
Do - Assist onto delivery table, assess if help is needed, lock wheels of delivery table, position so buttocks are at point where table "breaks" hold stretcher or bed firmly against table, put leggings on	x1	

	Speed/ Frequency	Accuracy/ # errors
Do - Get help when putting both legs on stirrups at same time	x1	
Do - Provide opthalmic prophylaxis, check formidication used, thoroughly wipe area around eyes, open eye with fingers of one hand, drop medication on inside of lower lid with other hand, irrigate if procedure	x1	
Do - Follow hospital procedure for surgical scrubbing hands	x1	
Do - Assessment of infant: undress completely, observe for jaundice, apply gentle pressure with one or more finger tips on the end of nose or chest, releast pressure suddenly, check skin for anemia, observe for abnormal cyanosis, checks arms and legs for symmetry, check for excessive limpness or rigidity, inspect inside of mouth lift infant's head up and shade eyes, cleans infant	x1	
Do - Cleans circumcision on infant: apply petroleum jelly to the dressing to remove, cleanse with water or lotion, clean labia from front to back	x1	
Do - Check temperature of infant: wipe off storage solution, shake thermometer, turn infant on side and immobilize, insert lubricated thermometer into anus about 1 inch, watch mercury until stops rising (about 1 min)	x2	
Do - Check infant's weight	x2	
Do - Use cotton ball moistened with tap water to cleanse each eye: wipe from inner to outer canthus	x1	
Do - Use an emery board to file nails to desired length	x1	
Do - Show mother how to grasp breast behind areolia to "point it up"		
Do - Make sure infant draws most of areola into his mouth		
Do - Show mother how to use a breast shield, warm wash cloth, or pump	x1	
Do - Wash hands, place thumb on top of breast just behind areola, place other finger under breast, place thumb and fingers together, repeat in rapid succession		
Write Is Plans to reflect: preplanning (prior to visit to family home). 1) resent plans/goals at each visit, 2) "did" form or "is plan" with an after phase, 3) showing client responsible program events and/or antecendent events	x1	
Write tentative is plan for each need identified		
Write log of each family contact to include: pinpoint your behaviors & evaluation of care	e.t.	
Write computer forms for patient data & own data	x1	
Write evaluation of Nursing 209a to include: access to resources including instructor, class presentations, student-school contract, Health survey form	x1	

	Speed/ Frequency	Accuracy/ # errors
Say - Arrange with instructor by the end of the 7th week if you plan to complete Nursing 209a after 9th week		
Say to patient's doctor your plan to follow the patient	x1	
Say rationale for selecting family to clinical instructor Establish consensus	x1	
Say pinpoints of your expected behaviors during first visit to clinical instructor	x1	
Say - Share in class: 1 client authored is plan	x1	
1 client kept chart	x1	
Say to class, evaluation of referral to other health agencies	e.t.	
Do - Select a patient with health care needs to be visited by you at home	x1	
Do - Visit selected patient at home to: establish contract plan and provide care with family members, affirm independence of process & close contract	x1	
Do - Teach client to use is plan and chart to change behavior in direction of wellness	x1	
Do - Improvise health care tools from household items	x1	
Do - Compute celerations on client-kept charts to show change toward desired goal	x1	
Do - Complete course requirements and accelerate own behaviors x1.2 for a grade of B		
Do - Complete course requirements and accelerate own behavior x1.5 for a grade of A		
Write - Diagram and label the transport of oxygen and carbon dioxide through structures of am alveolus, lung capillary, tissue capillary and tissue cell		0
Write definition of the following terms related to respiration: ventilation, perfusion, diffusion, hypoxia		0
Write definition of the pathophysiological concepts and list one cause for each: pneumothorax, atelectasis, hemoptysis, dyspnea		0
Write definition of the following pulmonary function volumes including normal ml. capacity: tidal volume, inspiratory reserve volume, vital capacity, residual volume		0
Write - Discuss tuberculin skin testing relative to: who should be tested? what should be done for the person who has converted to positive skin test?		0
Write four chemotherapeutic agents used in treatment of tuberculosis stating pharmacologic action, toxicity and nursing implications for each		0
Write - Describe how you will eoncourage a person to increase fluid intake and what to monitor in order to determine an adequate intake (patient with emphysema)		0

	Speed/ Frequency	Accuracy # errors
Write - Patients with emphysema usually have a severe ventilation handicap. Describe in detail the abdominal and pursed lip breathing techniques you would teach him		0
Write - Bronchia hygiene is an important aspect of care for the pt.with emphysema. List and describe the A-B-C-D's of this therapy and state when it should be done		0
Write - Exercise and rest are important health habits for the well being of patients with emphysema. What car you teach the patient to do to enhance rest and exercis		0
Write - Discuss information the patient should have prior to having bronchoscopy		0
Write - Describe symptoms and laboratory values that woul lead you to suspect: respiratory acidosis, respiratory alkalosis		0
Write - An Is-Plan to effect a desired change in the pinpointed behavior from which you identified respiratory distress (submit to clinical instructor)		
Write an example of each behavior which you pinpointed to indicate respiratory distress and write drug cards (include major classification of drug action, generic name, pharmacologic action, excretion, routes of administration, average doses, toxicity and contraindications)		
Write description of bone healing following a fracture		0
Write list and describe eight different types and lines of fractures		0
Write - State the purpose of a cast. List the two most common complaints voiced by patients having casts		0
Write list of nursing actions to assess causes of pain the pt. who has a long leg cast		0
Write - List six complications, signs, and symptoms of each, which may occur in the elderly patient with a fractured hip		0
Write - Discuss nursing care of the patient having an amputation of the lower extremity with immediate post-surgical prosthesis		0
Write list of five of the seven warning signs of arthritis		0
Write - Discuss arthritis quackery relative to: cost, effectiveness of products, spotting the quack		0
Write drug cards for the following: aspirin, phenylbutazone, oxphenbutazone, indomethacin, probenicid, cholchicine, allopurinal		
Write a list of at least 3 statements about drug therapy for arthritis you would incorporate into your teaching plan for a patient		0
Write list of five objectives of patient education relative to understanding arthritis and how to live with it		0
Write - Relief of pain and inflammation is important in treatment of arthritis. Describe what is meant by "achieve a balance between rest and activity"		0

	Speed/ Frequency	Accuracy/ # errors
Write - Describe the following surgical procedures used in the treatment of arthritis: synovectomy, arthroplasty, arthrodesis		0
Write - Discuss the common precipitating causes of diabetes		0
Write - Discuss the 7 factors which raise blood sugar above normal limits in a diabetic		0
Write - List 8 common symptoms of diabetes explain physiology involved		0
Write - Discuss the symptoms & nursing management of diabetic ketoacidosis		0
Write - Discuss the symptoms & nursing management of hypoglycemia		0
Write - Define differences between juvenile diabetes and maturity onset of diabetes		0
Write drug cards for three types of insulin as to indication for use, peak action, duration of action, and precautions for use		
Write durg card for one oral hypoglycemic agent		
Write a menu for a diabetic patient with the following diet prescription: CHO - 150 Gm a day, Protein - 62 Gm a day, Fat - 90 Gm a day, Divide in 3 meals a day and hs snack		
Write - Discuss 3 complications of diabetes, the causes and symptoms exhibited by patient in each to indicate concern		0
Write - Discuss care of the feet for a diabetic patient		0
Write - Identify 6 special learning needs of the diabetic patient		0
Write what conditions qualify a patient for trial with a hypoglycemic agent		0
Write when a reaction from short acting insulin would occur; long acting insulin and how would the reactions differ? Explain		0
Write - Discuss why it is not wise for the diabetic patient to use honey, jams, sugar or jelly		0
Write - Even though meat and butter do not contain CHO why is it not wise to overeat them?		0
Write list of nursing behaviors for preparation of patient for and assistance during the pelvic examination		0
Write description of the procedure for taking a cervical smear for Papanicolaou testing. What is the significance of the cytological finding "class four"?		0
Write list of symptoms common to menopause. Discuss treatment for two of the symptoms listed		0
Write - List in order of priority nursing behaviors for care of a person during the first 24 hours following abdominal hysterectomy		0
Write drug cards for one each: natural estrogen, conjugated estrogen, synthetic estrogen		

	Speed/ Frequency	Accuracy/ # errors
Write - Discuss importance of regular breast examination. When should it be done? At what age should regular examination begin?		0
Write - List and describe exercises you would teach the post mastectomy patient		0
Write an important advantage for each method of prostatectomy		0
Write - List four problem associated with suprapubic prostatectomy		0
Write what nursing behaviors are pertinent to the post-operative patient who has had a suprapubic prostatectomy?		0
Write - List nursing behaviors pertinent to continuous bladder irrigation for pt. first 24 hours following a TURP		0
Write - Discuss perineal care for the incapacitated patient: why necessary, procedure, psychological aspects		0
Write definition of the following pathophysiological concepts relative to disorders of the male reproductive system:		0
phimosis, epispadias, hypospadias, orchitis, cryptorchism, variocele		0
Write drug card on antacid and l anticholinergic drug	xl	
Write - Describe symptoms of dumping syndrome its causes and prevention	xl	
Write 10 open ended questions which will illicit information to determine if a patient may have a peptic ulcer		0
Write the purpose of use of anticholinergic drugs and what side effects must a nurse observe		0
Write the purpose of a bland diet. Give examples of foods allowed in each of the four basic groups. List foods to be avoided		0
Write the purpose of fat-restricted diet. List foods for each of the four basic groups. List foods to be avoided.		0
Write - Discuss nursing care for a patient post-operatively for gall bladder surgery		0
Write a menu for one day for a patient on bland, low residue, hi-protein diet. Include list of foods to avoid		
Write - Discuss criteria and preop teaching for patient with bowel resection for obesity		
Write what are the possible causitive agents for ulcerative colitis and what teaching is essential to the patient concerning life-style adaptation		0
Write what are the nurses responsibilities in caring for a patient with diarrhea		0
Write what information should a nurse give a patient relative to the following: change of habits to help alleviate hemorrhoids, change of diet, relief locally of pain		0
Write definition of terms and related medical and nursing actions: paralytic ileus, peritonitis, subphrenic abcess		0
Write what symptoms would be present for a patient with a hiatus hernia. What teaching is essential to reduce symptoms		0

	Speed/ Frequency	Accuracy/ # errors
Write definition of the following terms: ocular dexter, ocular sinister, ocular unitas, hyperopia, diplopia, myopia, entropion, ectropion, conjunctival injection, accomodation, oculist, opthalmologist, optometrist		0
Write outline for preoperative teaching for a person who will have a cataract removed from the rt. eye, the left one to be removed later		0
Write - List questions you would ask persons coming to a glaucoma screening clinic. Describe two diagnostic tests which might be done at such a clinic		0
Write - List nursing actions specific to the care of persons with bilateral eye patches		0
Write your actions in the following situations: a) a child playing in a sandbox has just had a handful of sand thrown in his eyes, b) your partner in chemistry lab has accidently sprayed mild acid in her eyes, c) your little league ball player nephew just got a cinder in his eye		0
Write - State classification, action and range of concentration percent of the following drugs: phenylephrine, cyclopentalate Hcl, pilocarpine isoflurophate		0
Write - List five behaviors that indicate hearing loss in a child before the age of one		0
Write - List five behaviors that indicate hearing loss in a child between ages one and two		0
Write a description of the method for removing: a) an insect b) an accumulation of cerumen, from ear canal		0
Write four nursing behaviors important to the patient in the first 24 hours following stapedectomy		0
Write - Differentiate between conduction and sencrineural hearing loss		0
Write - Describe the technique and rationale for safe earlobe piercing		
Write - Describe the levels of consciousness in order of deterioration		0
Write - List five alterations in body functions indicative of increased intra-cranial pressure and describe the pathophysiology involved with each change of function		0
Write - Describe 4 of the following tests and the specific nursing actions and teaching that are associated with them: Lumbar puncture with Quickenstedt test, pneumoencephalography, electroencephalography, electroencephalograph, arteriography, brain scan		0
Write - Describe nursing actions specific to a CVA patient as applied to the following concepts: rest and safety positioning, nutrition, elimination		0
Write - Discuss life style adaptations for a 17 year old boy diagnosed grand mal epileptic		0
Write - Discuss the nursing care for the patient with acute spinal cord damage		0

	Speed/ Frequency	Accuracy/ # errors
Say normal process of oxygen-carbon dioxide exchange to meet tissue needs		
Say the major causes of respiratory insufficiency: atmospheric hypoxia, hypoventilation hypoxia, diffusion hypoxia, abnormal ventilation/perfusion ratio, transportation hypoxia, tissue utilization hypoxia		
Say - Discuss nursing implications of respiratory insufficiency: participation in community education programs, protection of patients from effects of oxygen deficiency, carry out measures to maintain ventilation		
Say - State the utility of the following diagnostic procedures: chest x-ray, bronchoscopy and bronchogram, cytologic tests, pulmonary function studies, lung scan, pulmonary arteriolography, biopsy, bacteriologic studies		
Say - Discuss ecucation of the patient who has tuberculosis: rest and exercise, diet, drug therapy, prevention of spread of their disease		
Say essential nursing care for a person with emphysema: fluids and nutrition,infection control, breathing exercises, bronchia hygiene, rest and exercise, family education		
Say - Discuss physiology of bone healing		
Say - Types and lines of fractures		
Say - Assessment guide for patients in casts: circulatory status, neuromuscular integrity, integumentary comfort, body alignment, satisfaction of basic needs		
Say nursing care of the patient with a fractured hip		
Say pre and post operative nursing care for: total hip replacement, amputation, injury of medial meniscus		
Say incidence and cost of arthritis in the USA		
Say importance of early diagnosis and treatment of arthritis		
Say classification and pathophysiolgoy of common types of arthritis: polyarthritis, connective tissue disorders, rheumatic fever, osteoarthritis, gout		
Say - Discuss diagnosis of different types of arthritis		
Say role of health team in meeting special needs of patients with arthritis: education, relief of pain and inflammation, preservation of joint function and prevention of deformity		
Say - Discuss in class: pancreas, etiology of diabetes mellitis, metabolism in relation to diabetes, objectives of diabetic treatment, factors which affect diabetes, symptom and complication of D.M., diabetic gangrene, insulin, hypoglycemic agents, diet, juvenile diabetes, community agencies involved in concern of diabetes		
Say nursing behaviors pertinent to gynecological examination: preparation of patient, teaching pertinent to diagnostic procedures		
Say - Discuss drugs and actions useful in treatment of menopausal symptoms		

	Speed/ Frequency	Accuracy/ # errors
Say - Discuss etiology, signs, symptoms and treatment of patients with relaxation of pelvic muscles		
Say - pre- and post operative nsg. care of person having abdominal hysterectomy; to include instruction relative to convalesence		
Say nursing care of the patient requiring radium therapy		
Say - Discuss diagnosis of breast lesions		
Say - Discuss pre-operative preparation of patient having breast biopsy with possible mastectomy		
Say - Discuss nursing behaviors pertinent to care of the post-operative mastectomy patient		
Say pathophysiology of tumors of prostate		
Say the signs and symptoms of tumors of the prostate		
Say - Diagnostic measures and methods of surgical excision of prostatic tumors		
Say nursing behaviors pertinent to the care of the patient with prostatic conditions		
Say - Discuss treatment of prostatic Ca.		
Say - Review in class anatomy and physiology of the digestive system		
Say - Discuss in class etiology and predisposing factors, symptom, medical Rx of peptic ulcers		
Say complication and surgical Rx of peptic ulcers		
Say - cholecystitis & cholelithiasis - precipitating factor, obstruction, stasis, inflammation, medical and surgical management and nursing care related		
Say the pathophysiology, symptoms and related nursing care of malabsorbtion diseases caused by rapid transit of food through the bowel		
Say the essential nursing care of a patient with a colostomy or ileostomy		
Say management and nursing care of patient with abdominal surgery and possible complications		
Say structures and function of eye concerned with refraction and vision		
Say structure and function of uveal tract and retina		
Say pathophysiology, signs, symptoms and treatment of: infection, cataract, glaucoma		
Say nursing care of patient with eye disorders paying attention to: problems of immobility, reduced visual input, pre-operative teaching, post-operative care		
Say nursing actions in emergency eye conditions: foreign body, trauma		
Say name of two drugs each and indicate for use: cycloplegics, mydriatics, miotics, antiinflammatories, lubricants		
Say - Discuss structures and function of ear concerned with hearing: external ear, middle ear, inner ear, physiology of hearing and balance		
Say pathophysiology, signs and symptoms, treatment and nursing care for: infection, foreign bodies, cerumen accumulation, hearing loss		

	Speed/ Frequency	Accuracy/ # errors
Say alteration in body functions that provide the best guide for estimating increased intra-cranial pressure		
Say difference between children and adults reaction to head injury		
Say difference between open and closed trauma		
Say - Discuss hyperventilation as related to brain trauma		
Say diagnostic test for neuro-dysfunction		
Say - Student Reports: Trigeminal Neuralgia, Rehabiliation of the patient with M.S., L-Dopa in the treatment of Parkinson's Disease and Myasthenia Gravis		
Do - Prepare a patient for one of the respiratory diagnostic procedures discussed in class	x1	
Do - Collect a sputum specimen paying attention to concepts of asepsis, comfort, personalization, and teaching	x1	
Do - Watch film "Emphysema"		
Do - Teach a person with emphysema (or a classmate) to effectively use muscles of respiration and accessory muscles of respiration and pursed lips	x1	
Do - Observe demonstration of clappying and postural drainage	x1	
Do - Position classmate for drainage of upper, middle and lower lobes. Demonstrate clappying technique	x1	
Do - Locate in a patient's chart the values for: pO_2, O_2 saturation, pCO_2, pH, bicarbonate and evaluate the significance of the findings relative to: variation from normal range and need for special nursing actions in giving care	x1	
Do - Pinpoint a behavior exhibited by a patient which reveals respiratory distress		
Do - Count and chart the behavior to be change in a Before During and After phase	x1	
Do - Observe or do an IPPB treatment. Adjust machine for correct rate, pressure and volume to produce desired therapeutic effect. Observe correct delivery of inhalent for correct length of time	x2	
Do - Give care to a patient requiring oxygen. Observe therapeutic effect of therapy on pt. by means of physical and laboratory data. Maintain oxygen equipment in correct working order; water in humidifier at correct level, tubes free of kinks; well fitting appliance; correct flow rate	x2	
Do - Teach patient correct cough technique paying attention to concepts of asepsis, comfort and personalization	x4	
So - Perform oropharyngeal suction on a selected patient paying attention to concepts of safety, comfort, personalization and teaching	x1	
Do - Two students visit the Oregon Lung Association and report to class - scope of program, services rendered, financial resources		

	Speed/ Frequency	Accuracy/ # errors
Do - Watch film "Total Hip Replacement"		
Do - Three students demonstrate turning the patient and assisting the patient out of bed following total hip replacement		
Do - Listen to presentation by physiotherapist on immediate postoperative prosthesis for amputees		
Do - Teach a patient (or classmate) the correct crutch walking technique	x1	
Do - Care for patient with an orthopedic condition	x1	
Do - Apply ice bag to patient	x1	
Do - Watch film "Prevention of disability in Rheumatoid Arthritis"		
Do - Watch film "Live a full Life"		
Do - Two students role play for class, diet instruction for a patient with gout		
Do - Apply heat to patient for relief of pain and inflammation of arthritis	x1	
Do - One student visit the Oregon Chapter of the Arthritis Foundation and report what it is and what it does		
Do - Care for patient with arthritis	x1	
Do - Observe diagnostic findings on pt. chart and include on Is Plan	x1	
Do - Observe film strip on Diabetes and Care of Diabetic		
Do - Role play in class teaching of the diabetic patient with regards to: foot care, insulin administration, how to clinitest urine and interpret findings, how to recognize diabetic acidosis, symptoms of insulin reaction and prevention, life style adaptations	x1	
Do - Care for a patient with diabetes mellitis: collect laboratory data showing status of diabetic patient: blood sugar, 2 hr. postprandial, glucose tolerance	x1	
Do - Clinitest urine for patient		
Do - Administer insulin to a patient	x2	
Do - Administer an oral hypoglycemic agent to a patient	x1	
Do - Ask a pt. or person for a list of foods he likes. Using a food exchange list place them in the proper exchange or in the list of foods to be avoided. Minimum of 10 different foods. Utilize when possible in planning days menu	x1	
Do - Observe film in class on diabetes	x1	
Do - Two students role play teaching a young teenager physical and emotional aspects of feminine hygiene		
Do - Assist with pelvic exam, incorporating pertinent nursing behaviors		
Do - Two students role play counseling the person experiencing the discomforts of menopause		
Do - Catheterize a female pt. (male students catheterize a male patient)	x1	

	Speed/ Frequency	Accuracy/ # errors
Do - Administer vaginal douche	x1	
Do - Assist pt. with Sitz bath	x1	
Do - Teach a woman the correct procedure for self-examination of her breasts	x1	
Do - Female nursing students do self-examination of breasts	x2	
Do - Watch film "Self-Examination of breast"		
Do - Watch film "After Mastectomy"		
Do - Care for a female patient with a disorder of her reproductive or mammary system		
Do - Locate in the patient's chart the following diagnostic studies: acid phosphatase, urine culture, urinalysis, cystoscopy, pyelogram	x1	
Do - Evaluate the significance of the findings of the patient's diagnostic studies relative to: variation from normal and need for special nursing actions in giving care		
Do - Two students demonstrate to the class the procedure for continuous bladder irrigation following TURP: equipment, flow rate for effective irrigation, precautions, intake and output		
Do - Listen to presentation by urologis "Transurethral Resection of the Prostate"		
Do - Care for a patient with continuous bladder irrigation OR discuss care of such a pt. in a clinical conference	x1	
Do bladder irrigation	x1	
Do catheter care	x1	
Do perineal care	x1	
Do - Read Perineal Care of the Incapacitated Patient" AJN		
Do - Administer an antacid to a patient	x2	
Do - Administer an anticholinergic drug to a pt. Observe for side effects	x1	
Do - Role play instruction of a patient on Sippy regimen	x1	
Do - Role play instruction of patient to assist in living with therapeutic plan for peptic ulcers	x1	
Do - Care for a patient who is having x-ray exam concerning malfunction of digestion or elimination such as: upper GI tract, Lower GI, cholecystogram, gastric flouroscopy	x1	
Do - Care for a patient who is being treated medically or surgically for a digestive disorder. Write an Is Plan developing patient teaching for a pinpointed nutritional problem	x1	
Do - Administer a tap water enema, fleets enema	x1	
Do - Remove a fecal impaction	x1	
Do - Change an abdomincal dressing	x1	
Do - Irrigate & teach patient self care of colostomy	x1	
Do - Role play colostomy teaching for patient	x1	
Do - Role play mother asking for advice concerning child with pain in right upper quadrant living 50 miles from hospital	x1	

	Speed/ Frequency	Accuracy/ # errors
Do - One student demonstrate to class correct handling and cleaning of glasses		
Do - One student demonstrate to class correct handling and cleaning of contact lenses		
Do - Interview a person who has had cataract surgery to discover his expectations for the surgery and the present reality of results	x1	
Do - Watch film "Glaucoma"		
Do - Evert eyelid of classmate	x1	
Do - Two students demonstrate eye irrigation		
Do - Instill eye drops	e.t.	
Do - Instill eye ointments	e.t.	
Do - Apply eye dressings	e.t.	
Do - Two students visit a community agency for the blind or visually handicapped and report to class		
Do - Care for a patient with visual impairment	x1	
Do - Teach at least one parent the importance of treatment of otitis media	x1	
Do - Teach at least one person the correct technique for nose blowing	x1	
Do - Two students demonstrate correct method of instilling ear drops		
Do - Two students interview a person who has had a stapedectomy and report to class		
Do - Two students visit a hearing aid company and report to class		
Do - Care for a patient with a hearing impairment	x1	
Do - Role play cranial assessment of a patient	x1	
Do - Assess a patient for evidence of Increased intra cranial pressure	x1	
Do - Locate on a patient's chart laboratory values for cerebral spinal fluid, cell count, chloride, glucose, protein. Evalute findings relative to variation from normal range and need for special nursing care		
Do - Role play seizure observation and care of a pt. during and after	x1	
Do - Watch a film on Epilepsy		
Do - Write drug cards on 2 drugs used to treat grand mal epilepsy. Administer anti-convulsive medication to patient	x1	
Do - Care for a patient with a disorder of neural regulation. Write Is-Plan		
Do - Observe a film on care of a patient with cerebral vascular accident	x1	
Do - Role play posture & alignment of a stroke patient	x1	
Do - Demonstrate log roll for patients with spinal fusion	x1	

RN

	Speed/ Frequency	Accuracy/ # errors
Writes the cue symptoms in identifying congestive heart failure, explaining the relevance of each symptom to the well being of the patient		
Writes the symptoms that differentiate pulmonary edema from contestive heart failure		
Writes the steps in identifying heart rhythms - rates or both		
Writes description of normal conduction pattern of the electrical activity of the heart; i.e. the configuration of each deflection and the normal intervals		
Writes the symptoms by which cardiac arrest is identified		
Writes the symptoms by which respiratory arrest can be differenctiated from cardiac arrest		
Writes the identification of third degree heart block on ECG		
Writes the effects of decreased circulation on all body systems		
Writes the rationale for pacemaker therapy for heart bloc		
Writes care plan based on data collected from test reports		
Writes description of changes in L.O.C. based on knowledge of pathology		
Writes statement of rationale for using hypothermia blanket in certain pathological states: when indicated, preparation of patient, safety precautions, desired therapeutic effect, priority of nursing observations		
Writes description of the patients respiratory status based on signs, symptoms and laboratory data		
Writes judgement of priorities for nursing intervention from a synthesis of signs, symptoms and laboratory data		
Writes signs and symptoms of respiratory distress		
Writes definition of normal blood gases		
Writes choice of priorities of nursing actions from synthesis of signs, symptoms and lab data		
Writes nursing actions required for patient with tracheostomy relative to: teaching of patient, principles of asepsis, physiological considerations underlying cuff inflation and deflation, methods of relieving the patient's anxieties		
Writes nursing care required for the patient with advanced carcinoma of the lung, relative to: surgical therapy, medical therapy, interacting with the pt. and his family		
Says signs & symptoms exhibited by patient in shock due to the following primary mechanisms: cardiogenic, septic, hematogenic		
Says counts of rate and identifies heart rhythm from a rhythm strip	x3	
Says the identification of the following rhythms from the ECG: atrial premature beats, ventricular premature beats, atrial fibrillation, atrial flutter, ventricular tachycardia, ventricular fibrillation		

	Speed/ Frequency	Accuracy/ # errors
Says the identification of a variety of heart rhythms		
Says the steps leading to diagnosis of cardiac arrest		
Says aloud a count of 15 chest compressions		
Says the steps leading to diagnosis of respiratory arrest		
Says required nursing action if: a) secretions or vomitus require removal, b) a foreign object lodged in trachea		
Says action to take if defibrillation is unsuccessful		
Says principles governing reapplication of jell to paddles of defibrillator		
Says the point at which CPR is initiated		
Says definitive therapy after successful defibrillation		
Says the needs of the patient in heart block with pacemaker for teaching		
Says the needs of the patient for adequate teaching of patient with pacemaker		
Says plan for care based on data collected from test reports	x1	
Do-Counts rate from six second heart rhythm strip		
Do - Counts rate by using method of squares on EKG strip		
Does needle venipuncture	x1	
Does venipuncture using intracath safely	x2	
Does set up of C.V.P. apparatus	x1	
Does reading and reporting of C.V.P. measurement	x2	
Does application and rotation of tournequets in the correct manner	x1	
Does discontinuation of tournequet correctly	x1	
Does application of monitor electrodes (cardiac)	x2	
Does activation of monitoring system (cardiac)	x2	
Does run off of rhythm strip (cardiac)	x2	
Does identification of heart rhythm from strip (cardiac)	x2	
Does explanation of rhythm to patient (cardiac)		
Does removal of monitoring electrodes from patient (cardiac)	x2	
Does performance of steps leading to diagnosis of cardiac arrest	x2	
Does initiation of treatment for cardiac arrest		
Does opening of mouth to look for vomitus--if present, scoops out (cardiac)		
Does delivery of sharp blow to sternum 1/2 inch above sternal notch (cardiac)		
Does hyperextension of the victims neck in proper manner (Cardiac arrest)		
Does the insertion of airway (cardiac arrest)		
Does the delivery of two breaths into patient - looks at chest to see if it rises (cardiac arrest)		
Locates sternal notch and left ventricle (cardiac arrest)		
Does positioning of hands correctly for compressions (cardiac arrest)		
Does depression of sternum in correct manner (1 1/2 - 2") (cardiac arrest)		

	Speed/ Frequency	Accuracy/ # errors
Does depression of chest 15 times in rhythmic manner Cardiac arrest		
Does delivery of two breaths into patient as before (cardiac arrest)		
Does the performance of steps leading to a diagnosis of respiratory arrest: a) looks at chest and sees no respirations, b) feels and confirms the presences of the pulse	x1	
Does initiation of treatment for respiratory arrest: a) examines oral cavity for vomitus, b) hyperextends neck, c) inserts oral airway, d) administers slow, evenly spaced breaths into lungs		
Does performance of defibrillation: identifies ventricular fibrillation from oscilloscope, turns defibrillator on, selects the dose in Watt-seconds applies electrode jell to paddles, activates charge warns others to get away from bed, positions paddles correctly, discharges current promptly, reads ECK pattern, cleans and stores paddles	x2	
Do - Set up automatic hypothermia machine to maintain temperature of a peer at 36 C.	x1	
Does isolation of femoral artery and simulates an arterial stick: explains procedure to patient, prepares all equipment, isolates femoral artery, prepares skin for penetration		
Does application of pressure to femoral artery correctly	x1	
Write an evaluation of the community health course		
Write - List population of health teaching and 5 major concepts presented		
Write - List 10 community health needs and method of fulfulling		
Write - Complete the 2 client's charts with appropriate comments		
Write - Purpose, modes of action, routes of administration, average adult dosages, symptoms of toxicity, and contraindications of seven drugs used within your community health experience		
Write - Submit bibliography with 10 annotated references related to community nursing		
Write 10 competencies for each long term involvement in the community		
Write - Develop own grade contract		
Say - Share researched material on community health with class		
Say - Discuss own competencies with instructor after two weeks of long term community experience		
Say - Discuss short term visits to communtiy agencies with instructor		
Say - Discuss grade contract with instructor		

	Speed/ Frequency	Accuracy/ # errors
Do - Two long term community experiences according to choice		
Do - Guide 10 clients in obtaining help from various agencies for the adjust ment of psychosocial, environmental or physical conditions which effect health		
Do health teaching x10 according to the client's needs and level of understanding. Obtain feedback x3		
Do - Assess 10 community needs and modifications needed for more effective delivery of health services		
Do - Pinpoint behaviors relevant to client's well-being. The counts are to be charted by client		
Do - Administer only those drugs in the community on which you have done prior preparation		
Do - Research on two areas related to community health		
Do - Make 5 short term visits to agencies of choice during community nursing experience		
Do - Arrange for instructor to visit each long term agency and person(s) you have been working with		
Do - Talk with three physicians concerning your nursing care plan for three community clients		
Do - Take and pass concept tests on: community health nursing, epidemiology, population problem, effects of excessive population, amelioration of the propulation problem, V.D., social diseases, drugs, contagious disease		
Do - Write assignment on Retrolental Fibroplasia		
Do - Palpate enlarged lymph nodes		
Do - Measure visual acuity during patient's physical exam		
Do - Assess normal ocular movements during neurological exam		
Do - Check pupil reaction		
Do - Observe scleral icterus		
Do - Recognize tympanic membrane		
Do - Visualize patient's tonsils during physical exam		
Do - Recognize pharnygitis during patient's physical exam		
Do - Assess general condition of teeth during physical exam		
Do - Palpate thyroid gland		
Do - Determine position of trachea on patient during physical exam		
Do - Palpate carotid pulses during patient's physical exam		
Do - Note presence of kyphosis		
Do - Note presence of scoliosis		
Do - Note presence of lordosis during physical exam		
Do - Determine normal breath sounds during patient's physical exam		
Do - Note any decreased breath sounds during auscultation of chest of patient		
Do - Note presence of rales during chest exam		

	Speed/ Frequency	Accuracy/ # errors
Do - Note presence of wheezes during physical exam of patient		
Do - Note presence of rhonchi during physical exam of chest		
Do - Palpate pts. breasts for masses		
Do - Determine point of maximum impulse of heart by palpating chest		
Do - Observe abnormal rhythm of heart		
Do - Identify presence of heart murmur		
Do - Palpate patient's abdomen during physical exam		
Do - Palpate patient's enlarged liver during physical exam		
Do - Check femoral pulses of pt. during physical exam		
Do - Confirm absence of bowel sounds on a patient		
Do - Examine joint with decreased mobility		
Do - Determine presence of peripheral edema		
Do - Examine varicosities of a patient		
Do - Check for calf tenderness in a patient during physical exam		
Do - Identify dorsalis pedis pulse		
Do - Identify stasis dermatitis on a patient		
Do - Determine mental status of the pt. during neuro exam		
Do - Determine assymetrical muscular strength in arm during patient physical exam		
Do - Check finger to nose coordination		
Do - Elicit Babinski reflex on infant		
Do - Identify unequal pupils during neurological exam of pt.		
Do - Check deep tendon reflexes		
Do - Check gait: hopping, tandem walk, Romberg, associative movement during neurological physical exam on patient		
Write - diagram nephron structure and state function of parts briefly	3 min	0
Write - Compute creatinine clearance	x3/6 min*	0
Write relationship between cretinine clearance & GFR	x3/6 min*	0
Write implications of a cretinine clearance of: 50 ml/min 115 ml/min	x3/6 min*	0
Write - Diagram conservation of sodium bicarbonate & excretion of H+ by tubular cell. Show two buffers	5 min	0
Write brief description of 6 of the pathophysiological manifestations of uremia. Write 4 nursing actions for each problem identified above	10 min	0
Write list of physiological psychosocial problems observed in dialysis and show nursing intervention P.E.'s. Include those done by Hosp. staff and additional which may be desirable	x1	
Write Is Plan detailing 8 managemetn problems of a pt. with severe burns	x1	
Write - Diagram the difference between fluid and electrolyte shifts in hypovolemia due to a) hemorrhage, b) severe thermal trauma	5 min	0

	Speed/ Frequency	Accuracy/ # errors
Write a list of signs and symptoms of: a) Hypokalemia, b) Hypo natremia, c) Hypo calcemia, d) Hyperkalemia	3 min	0
Write application principles & nsg. actions for Thomas splint-type skelletal muscles	10 min	0
Write diagram of apparatus - show line of pull for Thomas splint-type skelletal traction	10 min	0
Write - Describe use of Buck's extension: a) type & mode. b) indications for use, c) contraindications, d) nursing actions relation to: traction, countertraction, mobility. exercise, integument, application		
Write concept test over HAMC - 2 glucocorticoids	11/7 min*	0
Write list of 8 actions of glucocorticoids	11/7 min*	0
Write name of 2 minerals - corticoids and state their actions	11/7 min*	0
Write description of pathophysiology of portal hypertension: intrahepatic, extrahepatic	19/10 min*	0
Write list of five observations indicative of bleeding esophageal varicies	19/10 min*	0
Write list of six possible nursing actions you will perform for the patient with bleeding esophageal varices	10/10 min*	0
Write brief discussion on use of the following drugs in portal hypertension: barbiturates, morphine dirivatives, Vit. K diuretics, potassium, antibiotics, vasopressors	19/10 min*	0
Write description of pathophysiological process of acute pancreatitis	13/10 min*	0
Write list of three diagnostic tests specific for pancreatitis	13/10 min*	0
Write indication of how tests for pancreatitis change and what they reflect	13/10 min*	0
Write six goals of medical therapy for acute pancreatitis	13/10 min*	0
Write at least two nursing actions relevant to each goal of medical therapy for acute pancreatitis	13/10 min*	0
Write an indication of what observations you as a nurse would make with the following conditions which would be valuable in diagnosis with the newborn infant requiring immediate attention: esophageal atresia, imperforate anus, congenital atresia of the intestine	2/20 min*	0
Write discussion of the symptoms, medical and surgical treatment of a baby with pyloric stenosis	x/20 min*	0
Write one question which you consider will evoke an answer that reveals wht you have learned about intestinal obstruction	5 min	
Write list of three nursing measures you could perform to alleviate sensory deprivation in a person being treated for retinal detachment		
Write one question which you consider will evoke an answer that reveals what you have learned about sensory deprivation		
Say - Discuss in class: Glomerulus, GFR, Clearance, Molecules Filtered, Renal Blood Flow, Juxta-Glomerular Apparatus, Efferent-Afferent arteriole		

	Speed/ Frequency	Accuracy/ # errors
Say - Discuss: Proximal Tubule, major solutes, volume fluid reabsorbed, types transfer, threshold		
Say - Student presentation on: Thiazide Diuretic, Mercurial Diuretic, Asmatic Diuretic		
Say - Discuss in class: Distal Tubule, Secretion - Ion Exchange, Buffers, Aldosterone, Macula Densa, Renal Hypertension - Renin-Angiotensin		
Say - Student presentation on: Diuretics- carbonic anhydrase, inhibitors; Aldasterone antagonist		
Say - Discuss in class: osmolarity, loop henle, collecting ducts, ADH. Newer synthetic diuretics		
Say - Student discussion: ethacrinic acid, Lasix, Miscellaneous diuretics		
Say - Discuss in class: differences & similarity of glomerule nephritis, pyelonephritis, two disease - progression and prevention		
Say - Discuss in class: other causes of end stage renal disease, shock, poison, hemalysis, poycystic kidney		
Say - Discuss in class: physical manifestations of uremia - bun, acidosis, sodium regulation, Ca. Phos. regulation, bone disease, anemia, hypertension, neuropathy, bleeding defect, pericarditis		
Say - Discuss in class dietary intervention in renal disease		
Say - Discuss in class: peritoneal dialysis, Hemodialysis, Shunts--Care, Fistulas, Emotional Factors		
Say - Discuss in class: donor selection, tissue typing, HL-A, ABO group, survival statistics, rejection & Rx, cortisone, imuran, cytoxan, ALS, radiation, dactinomycin, surgical procedure, Diuresis p surg. coma de Passe - as relates to renal transplant		
Say - Discuss in class: Thermal trauma - classification cf burns, sequency of events following severe burns, stages of shock, fluid and electrolyte shifts, immediate care, infection control, nutrition, rehabilitation		
Say - Respond to questions of instructor related to concepts of nursing actions during dmeonstration of traction: Buck's extension, cervical, pelvic, Russels or Thomas splint		
Say - Discuss in class: (endocrine dysfunction) definition, classification, action, interaction, control - pituitary, nsg. feedback		
Say - Discuss medull[illegible] hormones, dysfunction, diagn. tests, Rx		
Say - Discuss - co[illegible]cal hormones, G.A.S., Diagnostic tests, Dysfunction - Hypo-Addisons Disease, Hyper-Cushings Syndrome, Prim. Aldosteronisa, Adrenogenital Syndrome		
Say - Discuss in class: Anatomy & physiology of the liver - circulation, biliary passages, reticuloendothelial cells, parenchymal cells		

	Speed/ Frequency	Accuracy/ # errors
Say - Discuss in class: secretory function of the liver		
Say - Discuss in class: metabolic function of the liver carbohydrates, fats, proteins, vitamin and mineral storage		
Say - Discuss in class: causes of portal hypertension		
Say - Discuss in class: signs and symptoms of portal hypertension		
Say - Discuss in class: Use of Sengstaken tube for bleeding esophageal varices: procedure for inerstion, nursing observations of the patient, nursing actions		
Say the use of the following types of drugs in the treatment of portal hypertension: vasopressors, antibiotics, diuretics, Vitamin K		
Say - Surgical treatment of portal hypertension		
Say - Rehabilitation of patient with liver disease		
Say - Discuss in class: anatomy & physiology of pancreas relationship to G.I. structures		
Say - metabolic function of pancreas: enzyme secretion, hormone secretion		
Say - Etiology of pancreatitis		
Say - Objectives of medical therapy for pancreatitis		
Say - Nursing actions relevant to: pain, shock, infection, gastric decompression, diabetic acidosis, fluid and electrolyte imbalance as relates to pancreatitis		
Say diet of patient with pancreatitis		
Say - Discuss drugs used in treatment of pancreatitis (atropine, banthine, probanthine, antienzymes, amyl nitrite, procaine hydrochloride, insulin, antibiotics, K+ supplements, dextran)		
Say - Discuss in class: Anatomy & Physiology of Gastro-Intestinal Tract, observations of signs and symptoms, medical therapy, nursing care		
Say - Discuss cause of mechanical obstruction paralytic ileus		
Say - Discuss symptoms: small bowel obstruction, large bowel obstruction		
Say - Discuss: symptoms indicating a bowel obstruction		
Say - Discuss pre and post-operative nursing care of bowel surgery		
Say definition of the experience of sensory deprivation		
Say the ways man receives sensory input		
Say behaviors demonstrated by healthy subjects exposed to a period of sensory deprivation		
Say - Discuss Maslow's hierarchy of needs useful to nurses in identifying patient needs and planning care		
Say - Discuss the needs of sensorially deprived patient as seen in the diagram superimposed in Maslow's needs triangle		
Say clinical situations in which a nurse can expect to see sensory deprivation		

	Speed/ Frequency	Accuracy/ # errors
Do - Compute Creatinine clearance for a patient and evaluate		
Do - Evaluate a decrease in urine output for a patient showing: cause, lab, clinical data, Nsg. intervention		
Do evaluation of acid-base status on a pt. Show: cause of imbalance, lab and clinical data, nursing intervention		
Do - Collect 24 urine specimens	x1	
Do - Interpret findings and use of test to patient		
Do - Teach at least one parent the signs and symptoms of "strep" sore throat and the importance of early detection and Rx	x1	
Do - Describe some physical manifestation of a pt. with uremia you have observed. Who P.E.'s related to that problem (on weekly Is-Plan)		
Do - Plan a day's menu for a pt. with uremia. State major nutritional factors	x1	0
Do - Perform care of shunt according to hospital procedure or observe & write what was done and evaluate	x1	
Do - Observe hemodialysis on selected pt.	x1	
Do - Observe application of Bucks extension, cervical traction, pelvic traction, Russels or Thomas splint. Participate when possible		
Do - Demonstrate (in pairs) emergency immobiliation of a fractured limb or vertebra (Bring own equipment)		
Do - Evaluate an endocrine problem on a pt. showing nsg. program events	x1	
Do - Collect laboratory data showing status of liver function: pigment studies, protein studies, prothrombin time, serum alkaline phosphatase, serum tranaminase, flocculation tests, dye clearance, cholesterol	x1	
Do - Prepare a patient for one or more liver function studies: physical preparation, psychological preparation, interpretation of test and results	x1	
Do - Teach patient &/or family foods allowed on soft, 0.5 gm. sodium 40 gm. protein diet	x1	
Do - Care for a patient with a liver disorder	x1	
Do - Note laboratory data on a pt. chart showing: 24 hour urine amylase, serum amylase, serum lipids, clotting time, hematocrit	x1	
Do - Teach a patient and/or family components of bland, low fat, non-alcoholic diet	x1	
Do - Care for a pt. with a colostomy, requiring an irrigation, or teaching relative to this procedure	x1	
Do - Care for a patient requiring N.G. suction OR describe precisely in a clinical conference the procedure for irrigation of an N.G. tube	x1	
Do - Read "Retinal Detachment" in AJN and at least one other article on the bibliography	x1	
Do - In groups of 3 or 4 identify the nursing goals for a selected clinical case study. Make a plan of care for the pt. to implement these goals and share with the class		

	Speed/ Frequency	Accuracy/ # errors
Do - Identify in a patient this week a possibility for student decision. Share findings in clinical		
Write nurse-family contract report according to given outline	x1	
Write references for Family Health Survey assessment	x1	
Write Adult Health Survey information, references	x1	
Write Child and/or Adult Health Survey References	x1	
Write - Chart on daily behavior graphs the duration and frequency of contractions	x3	
Write - Record Pulse, Respiration, Blood Pressure	x2	
Write - Record routine care given mother and baby		
Write - Record observations and mothers response to post-partum care and teaching		
Write newborn assessment information	x1	
Write nutritional section of Adult Health Survey and Newborn	x1	
Write summary of contract conditions met and those to be resolved in evaluating family contracts	x1	
Write list of ongoing needs requiring follow-up in family seminar experience		
Write 10-12 complications of pregnancy experience concept tests	5/15 min	1-2
Write commentary on significance of psychosocial and cultural aspects of family life	x1	
Say - Teach pregnant mother health maintenance and disease prevention		
Say - Teach mother childbirth exercises and process	x1	
Say - Teach pregnant mother nutritional aspects relevant to to maintaining hemeostasis of mother and fetus throughout pregnancy	x1	
Say - Request mother (or father) that you are following through labor and delivery to call you when she goes into labor		
Say - Coach breathing during labor		
Say - Teach mother postpartum self care		
Say - Teach mother regarding breast feeding and/or care		
Say - Teach mother regarding baby care, sexual activity, exercise, relaxation in post-partum care		
Say - Review original contract with family (family seminar) to evaluate experience	x1	
Say - Refer family to appropriate agencies, health professionals for any necessary ongoing and follow-up needs		
Do - Select a family with a pregnant mother whose E.D.C. is between assigned dates	x1	0
Do - Make initial visit to selected family with pregnant mother (pre-natal)	x1	

	Speed/ Frequency	Accuracy/ # errors
Do - Make nurse-family contract using given outline	x1	
Do - Family Health Survey; assessment following given outline	x1	
Do Adult Health Survey of Mother (pre-natal) folling given outline		
Do Health Survey of each family member following given outline	x1	
Do - Arrange to accompany and care for mother during labor delivery and post-partum	x1	
Do - Place note on your mother's pre-admit chart requesting to be called	x1	
Do - Locate and count FHT	x2	
Do - Time the duration and frequency of contractions	x3	
Do - Include father in the virth process according to his level of comfort	e.t.	
Do - Hold hands with mother for "support"		
Do - Specify kind or what scrub to do for delivery		
Do - Measure pulse, respiration, and blood pressure	x2	
Do - Application of eye drops to the baby		
Do - Give perineal care - sitz bath, heat lamp, evaluate episiotomy in an obstetrical setting	x1	
Do - Evaluate breasts - engorgement, cracks, fissures of nipple, colostrum, milk	x1	
Do - Massage fundus	x1	
Do - Measure height of fundus	x1	
Do - Observe lochia for amount, color and odor	x2	
Do - Make newborn assessment	x1	
Do - Teaches mother to do baby bath	x1	
Do - Demonstrate proper hold while handling baby	x1	
Do umbilical care of baby	x1	
Do care of penis of baby	x1	
Do - Make postpartum visit to family	x1	
Do nutritional assessment of mother and baby	x1	
Do - Terminate relationship with family	x1	
Write pathophysiology of hyaline membrane disease		
Write conditions in uretero which predisposed to anoxia and how some may be prevented		
Write when jaundice appears. Describe mechanisms producing it		
Write symptoms in a baby with erythroblastosis which indicate the progression of the disease		
Write indications for exchange transfusion and the procedure		
Write - Discuss the use of phototherapy in jaundice and nrusing responsibilities and observation		
Write pathophysiology and resultant symptoms of celiae syndrome		
Write description of typical patient with celiae disease		

	Speed/ Frequency	Accuracy/ # errors
Write - Discuss control of respiratory symptoms with C.F. and nursing care		
Write - Describe dietary therapy in C.F.		
Write - Discuss heart disease involvement with cystic fibrosis and symptoms		
Write - Discuss the effect of cystic fibrosis on the family life		
Write list of specific differences between fetal and post natal circulation		
Write the name of four defects associated with tetrology of fallot and clinical manifestations		
Write description of the treatment and purpose for a child suffering an anoxic attack		
Write nursing actions to prevent physical and emotional fatigue whil providing adequate fluid intake		
Write a description of dischage conference with parents following successful surgery		
Write - Discuss the reasons for severe abdominal pain after surgery for coarctation of the aorta		
Write comparison of signs and symptoms of Down's syndrome and Cretins		
Write classic signs of hydrocephalus		
Write two examples of surgical procedure for hydrocephalic infant		
Write nursing action for hemophilia patient who comes to the hospital with a swollen painful knee? What Rx might you expect?		
Write - Complete observation form following visit to Holliday School for handicapped children		
Say - Discuss in class causes of anoxia and asphyxia in newborn obstruction, inactivity of response center, intrinsic disorders of lung, hyaline membrane		
Say - Discuss hyaline membrane disease: malformations of lungs, chests, heart or great vessels		
Say - Discuss methods of initiation of Respiration in Infant		
Say - Discuss in class: differences, similarity, normal physiological of erythroblastosis fetalis		
Say - Report in class on: phototherapy, rhogam, exchange transfusion		
Say - Discuss in class different cuase of mal absorption disease		
Say - Report in class on: Secondary dissachoride deficiency in celiac syndrome -Diagnostic tests		
Say - Discuss in class - genetic aspects, exocrine glands, pancrease, lung as relates to cystic fibrosis		
Say - Discuss: infection control, respiratory therapy, enzymes nutrition, family teaching as relates to Cystic Fibrosis		

	Speed/ Frequency	Accuracy/ # errors
Say - Report in class on: National Cystic Fibrosis Research Foundation, Vitamin Deficiency disease with C.F., Sweat Chloride Test, Medication therapy in C.F.		
Say - Report in class on laws in Oregon concerning Battered Children		
Say - Report on Oregon's Program for S.I.D.S.		
Say - Discuss in class the difference between acyanotic and cyanotic lesions		
Say - Discuss in class - Atrial septal defects, Patent Dustus Arteriosis, Tetrology of Fall, Hemodynamics, Diagnosis, Complication, Nursing Management		
Report in class: Surgical procedure, Blalolock-Taussig, Potts operation, hypothermia, Heart-lung machine, Lo-sodium diet and formula for children		
Say - Discuss in class predisposing factors to allergy		
Say - Teaching: (allergy) Row Elimination Diet, Instruction for environmental control for allergy		
Do - Read article in AJN "Resusitation of the Newborn Infant"		
Do - Demonstrate position for resuscitation of the infant		
Do - Reading - Ross Lab: Erythroblastosis Fetalis		
Do - Plan a gluten free diet for an 18 month old child containing 6 Gm of protein per kilogram of body weight for one day		
Do - Demonstrate position for postural drainage & clappying for C.F.		
Do - Observe slides and listen to report from Women's Protective Division on battered children to determine nurse's responsibility in reporting cases		
Do - Administer medications to pediatric patient	x4	
Do - Attend tour to Holliday Center for Handicapped Children. Evaluate in terms child's disability for tools used in teaching child	x1	
Write - Log your feelings, impressions, and thoughts each clinical day for your five weeks of clinical Psy experience		
Write from your log, those behaviors which infer anxiety in yourself		
Write - Validate in writing and with data whether the frequencies fall within the range of "normal" of selected pinpoints		
Write an Is-Did plan to effect a change in a pinpointed behavior of your assigned patient	x1	
Write - Chart the frequencies for each phase of your Is-Did plan on a behavior chart	x1	
Write the approach and theoretical framework which you developed in dealing with a patient for one week	x1	
Write - Prepare an outline of the presentation to be given to your peers during class	x1	

	Speed/ Frequency	Accuracy/ # errors
Say - During review of video tape: explore feelings experienced during taping, discuss body language seen on tape		
Say - After reviewing a video tape of a 5-10 min. interaction discuss with a peer or patient, the process of interaction in the presence of instructor or peer who has passed competency		
Say - Discuss Is-Did Plan with instructor and/or staff before implementing plan	x1	
Say - Consult with instructor and/or staff at least two days before workshop date	x1	
Say - Share with the class how you implemented your choice of psychological framework in a patient nurse interaction	x2	
Say - Present to the class one of the following: functional mental disorders including nsg. care implications, organic mental disorders including nsg. care implications. Full range of therapies utilized to treat "mental illness" including nsg. care implications		
Say - Give a 10 minute presentation of your assigned pt. to the seminar group		
Do - Read article on attending behavior	x1	
Do - Videotape a 5-10 min. interaction with a peer or pt.	x1	
Do - During videotape practice the use of attending behaviors: relaxed comfortable position, initiate and maintain eye contact, take cues from peer or pt. develop areas of discussion	x1	
Do - Review video tape immediately following taping session	x1	
Do - Evaluate attending behaviors from the video tape	x1	
Do - Pinpoint the behaviors of a psychiatric patient	x5	
Do - Substantiate the existance of each pinpointed behavior (psychiatric patient) with two days of frequency data	x5	
Do - Infer the patient's diagnosis on the basis of your data	x5	
Do - Chart pinpointed behavior frequency data on daily behavior charts	x5	
Do - Implement an Is-Did plan to effect a change in a pin pointed behavior of your assigned patient	x1	
Do - a) compute celeration of pinpointed behaviors, b) celerate pinpointed behaviors toward desired goal	x2	
Do - Teach your assigned patient to: count, chart, change at least one pair of behaviors	x1	
Do - Conduct patient-staff-student workshop	x1	
Do - Choose a framework such as Freudian, operant, Gestalt, transactional analysis, etc., and using your choice to the exclusion of all others, relate to patient for one week	x2	
Do - Relate to your pt. for one week in a theoretical framework which you have developed or in which you have interrelated various theories	x2	
Do - Post an outline of your class presentaion by Tuesday before class day	x1	

	Speed/ Frequency	Accuracy/ # errors
Write a minimum of 2 in depth, on-going Is-Did plans		
Write - Recognition of grief reactions are to be included in all Is-Dids with arranged events for helping the patient and/or family cope with their feelings		
Write a paper on "The Role of the Nurse in Establishing Meaningful Human Relationships for Dying Patients". Paper must have documentation from a minimum of 10 references	xl	
Write - Include variables which prevent optimum physical and mental functioning on Is-Did plan if appropriate	e.t.	
Say - Discuss the concept of life long care the terminally ill must accept		
Say - Discuss communication skills that project clarity and helpfulness		
Say - Discuss practicing behavior that increases sharing in another person's experience of grief and/or dying		
Say - Discuss stages of grief		
Say - Discuss normal physiology of aging as it occurs throughout the body system		
Say - Discuss malignant disease: etiology, pathology, incidence, psychological significance, treatment		
Say - Report information on neuromuscular disorders to class		
Say - Discuss nursing actions that facilitate analgesia		
Say - Discuss the nurses' role in disuse syndrome and sensory deprivation: atrphy of skeletal muscles, joint contracture, metabolic disturbances, ciruclatory disturbances, sphincter disturbances, psychological deterioration		
Say - Discuss 4 psycho-social theories of aging: disengagement, activity, role, developmental		
Say - Each student relate their adjustment to aging from information gathered in an interview with an elderly person to one psycho-social theory discussed		
Say - Studetns report to class on research in sociological views of aging in other societies		
Say - Students report to class on research of aging and death as viewed from various age groups		
Say - Students report to class on research on nursing homes, homes for aged and rehabilitation centers		
Say - Students report to class on legal aspects of death, euthanasia and life prolonging measures		
Do - Patients with irreversible conditions are to be chosen for nursing care		
Do - Gives feedback to patients, checks perception, validates, asks open ended questions, reflects, paraphrases, summarizes in demonstration of communication skills that project clarity and helpfulness	x2	
Do - Makes regular visits to patients	e.t.	

	Speed/ Frequency	Accuracy/ # errors
Do - Touches patient if appropriate, to communicate willingness to share experience of grief and/or dying	e.t.	
Do - maintains personal dignity of patient (i.e. hygiene, alignment, grooming, preferred clothing)	e.t.	
Do - Invites sharing of feelings, thoughts, concerns with patients	e.t.	
Do - Facilitates taking care of business (legal, family, financial) for terminally ill patient	e.t.	
Do - Increases opportunities for patietn to participate in decisions concerning him/her	e.t.	
Do - Invites sharing of information among all members of health team and patient and family	e.t.	
Do - Share own feeling of grief and loss with others	e.t.	
Do - Identifies patient behaviors related to denial, anger, bargaining, depression and acceptance	x2	
Do - Identify physiological aging processes in selected patients and their effects if any, on environmental adaptation	x2	
Do - Students research terminal neuromuscular disorders including spinal cord injuries, CVA and the scleroses		
Do - Demonstrate skill in performing specific nursing procedures that promote maximum functioning in patients who have experienced a neurological impairment	e.t.	
Do - Identify various personality disorders and stages of aphasia in a variety of patients who have experienced a CVA	x4	
Do - Assess behaviors indicating pain	e.t.	
Do - Reduce anxiety in patients experiencing pain	e.t.	
Do - Promote rest and relaxation in patient's experiencing pain to facilitate analgesia	e.t.	
Do - Support patient by regular contact to facilitate analgesia	e.t.	
Do -Maintain regular analgesia, especially narcotic schedule with patients experiencing intractable pain	e.t.	
Do - Provide sensory input	e.t.	
Do - Provide distraction when appropriate		
Do - Identify evidence of disuse syndrome in a variety of pts.	x4	
Do - Control patient's environment by decreasing all threatening stimuli	e.t.	
Do - Eliminate excessive demonds on patient	e.t.	
Do - Interview an elderly person of choice and develop an in-depth history		
Do - Students research sociological views of aging in other societies		
Do - Students research aging and death as viewed from various age groups		
Do - Students research nursing homes, homes for aged and rehab facilities. Compare as to prices charged, services rendered, suggestions for improvement		
Do - Research volunteer and public agencies providing services to disabled and terminally ill		

	Speed/ Frequency	Accuracy/ # errors
Do - Compare social security benefits, welfare and veteran's benefits		
Do - Students research legal aspects of death, euthanasia and life prolonging measures		
Write 5 ways team nursing improves quality of pt. care	x10/6 min*	0
Write 5 criteria for effective team nursing	x10/6 min*	0
Write 5 basic human needs as outlined in Kron	x9/10 min*	0
Write 4 actions of nsg. team leader which would fulfill the following needs in her team members: belonging, recognition, security, personal growth, understanding	x9/10 min*	0
Write 6 responsibilities of conference leader	x12/10 min*	0
Write 4 purposes of team conferences	x12/10 min*	0
Write 2 examples of how purposes are accomplished		
Write plan for team conference prior to conducting	x1	
Write - Copy typical Kardex from hospital pt. On second Kardex show how to improve it	x1	
Write 4 purposes of Nursing Care Plan	x12/10 min*	0
Write 6 Nsg. Care items to include on Nursing Care plan	x12/10 min	0
Write 2 items not to include on Nursing Care Plan	x12/10 min	0
Write 5 principles of effective management as outlined in Kron	10 min	0
Write leadership competencies of the ones you would think to be logical choices for team leaders		
Write 7 anecdotal notes to illustrate your competences in the techniques of team leadership: planned, organized, guided, cooperated, encouraged participation, coordinated, observed, evaluated	x1	
Write - Simulation: Assign the patients on a team to which you belong. Student is the T.L. All others you would assign except Head Nurse. Use as a guide. Show rationale for the assignments	x2	
Write anecdotal notes on 2 team members: a) "competent" note b) "needs improvement" note	x2	
Say - Relate & discuss observations you made of RN's as nursing team members		
Say advantages for student nurse under team system		
Say - Gives examples of: a) how the hospital setting does or does not contribute to fulfillment of the basic needs for belonging, recognition, security, personal growth, b) how the case and functional methods differ from team method		
Say - Answer orally the following questions: how can team nursing be practiced 24 h/day, what methods can be used to keep conferences pt. centered, should personal/confidential information be discussed during conferences		

	Speed/ Frequency	Accuracy/ # errors
Do - Accelerate: Uses leadership skills (acel xl.2)		
Do - Monitor or decelerate: Uses leadership skills L.O.		
Do - Assist a team member in giving direct care	x3	
Do - Observe LPN's for leadership qualities		
Do - Lead a nursing team.	x3	
Include: Giving report (x6), making pt. rounds (x12), Dr. Rounds (x6), making assignments (x6), leading team conferences (x6), evaluation of personnel (x2), evaluation of patient care (x6) , teaching (x2)		
Do - Make or participate in making assignments for your team each day as Team Leader		
Do - Submit brief evaluation of your "Report Giving" by an R.N. and an LPN	x2	
Do - Transcribe doctors orders for: a new admission, post operative	x2	
Do - Count: Gives personalized pt. care (acel xl.2), Gives depersonalized pt. care (decel)		
Do - Supervise pt. care during rounds with Dr.		
Do - Instruct a team member in: a new skill (xl), an L.O. skill (xl)		
Do - Observe a new skill being done: pt. care completion	x6	
use of Kardex by others	x2	
Do - Participate in eval. as T.L. with RN on ward. Use printed form and behavior charts	xl	

APPENDIX 4.13

Course Behaviors Unique to Program Product Behavior Categories

The program product behavior "Applies New or Old Concepts in a New Way" encompassed the majority of course behaviors in the Mt. Hood Community College Nursing Program. All behaviors listed in Appendix 4.12 were included under this Program Product Behavior with the following exceptions:

Write a minimum of 10 categories found in the cumulative nursing index. Write 3 sources used in the index under each category

Say findings from interview of a variety of allied health workers

Do - Visit assigned patients the day prior to clinical experience. Assess needs of patient

Writes medical terminology for 20 phrases concerning urination and elimination

Says - Describe words and manners that verify to instructor that you are able to deal with pt. and family factually and free from bias

Do - Explain reasons for dietary restrictions if not understood by the patient or his family

Do - Restore room to order and make patient comfortable
Do - Watch film or demonstration on oxygen tents, croupettes

Do - Chart each of the following behaviors as phase changes on a behavior chart using 500 min. record floor in the order presented: ask open ended questions, pair: 1) validates - 2) assumes, paraphrases, summarizes, reflects, infers
Do - Review video tape immediately following taping
Do - Video tape a (five-ten min) interaction with a peer or patient

Write a list of disadvantages of special care environments to the: patient, health care personnel

Say - Determine from patient length of time wearing the pad (postpartum hemorrhage)
Say - Instruct client that she can assume any position in which she feels comfortable during labor

Do - Present chapstick or comparable to client in labor room

Say pinpoints of your expected behaviors during first visit to clinical instructor

Do - Chart pinpointed behavior frequency data on daily behavior charts
Do - Post an outline of your class presentation by Tuesday before class day

Write 5 basic human needs as outline in Kron
Write 2 examples of how purposes are accomplished

Do - Decelerate: Uses IPR skills insensitively
Do - Read: Programmed instruction on ward management
Do - Count: Gives personalized pt. care, Gives depersonalized pt. care

Write a paper on "The Role of the Nurse in Establishing Meaningful Human Relationships for Dying Patients". Paper must have documentation from a minimum of 10 references

Say - Report information on neuromuscular disorders to class
Say - Studetns report to class on research on nursing homes, homes for aged and rehabilitation centers

Do - Makes regular visits to patients
Do - Invites sharing of feelings, thoughts, concerns with patients
Do - Invites sharing of information among all members of health team and patient and family
Do - Provide distraction when appropriate

Applies New Concepts or Old Concepts in a New Way Correct

AIDE LEVEL

Write how an electric intermittant suction pump works
Write - Chart results of vital signs, TPR, BP
Write - Record in minutes contractions
Write - Chart observations made in caring for newborn
Write concept test on feeding the newborn infant
Write on patient's chart all procedures and appropriate data in relation to insertion of rectal tube and administering enema
Write the characteristics of Blood Pressure to include normal range, influencing factors and common terminology
Write 3 causes of wound infection
Write 4 therapeutic effects of hot wet compresses
Write - Chart the frequency of behaviors in the Before, During and After phases
Write the four types of pain and give an example of each
Write - Record amount and time of any bladder output
Write 5 ways team nursing improves quality of pt. care
Write a list of advantages of special care environments to the: patient, health care personnel
Write 7 types of hazards in the environment
Write 7 factors that affect the physical safety of an individual in his immediate environment
Write 15 actions involved in nail care
Write the definition of interview
Write the characteristics of the basic food guide and of each nutrient
Write 24 actions for safe and efficient body mechanics in activities of daily living and nursing in relation to the components: Stability, Effort, Force, Friction, Torque
Write a minimum of 10 nurse actions in relation to behavior and apparel that demonstrate correct application of asepsis
Write the relationship of handwashing to asepsis and list a minimum of 8 instances when a nurse should wash her hands in a clinical setting
Write the constituents for an effective handwash and the rationale for each constituent
Write an evaluation of each characteristic of 10 given blood pressure readings
Write the identifying properties of alignment and comfort
Write the characteristics of Pulse to include normal range, influencing factors and common terminology
Write definition of assessment
Write 15 actions to effect personalization, safety, comfort, efficiency, observation, stimulation, and relaxation in administering a bath and back rub
Write 4 kinds of sensory stimuli in the environment that may influence a person s condition
Write the difference between subjective and objective data
Write the ways in which people make observations
Write the definition of perception
Write 10 safety concepts the nurse should utilize in the applications of hot wet compresses
Write the identifying properties of environmental safety
Write 3 purposes for prescribed I & O measurement
Write the identifying characteristics of grooming
Write the characteristics of Respiration to include normal range, influencing factors and common terminology

Applies New Concepts or Old Concepts in a New way Correct

AIDE LEVEL

Write how an electric intermittant suction pump works
Write - Chart results of vital signs, TPR, BP
Write - Record in minutes contractions
Write - Chart observations made in caring for newborn
Write concept test on feeding the newborn infant
Write on patient's chart all procedures and appropriate data in relation to insertion of rectal tube and administering enema
Write the characteristics of Blood Pressure to include normal range, influencing factors and common terminology
Write 3 causes of wound infection
Write 4 therapeutic effects of hot wet compresses
Write - Chart the frequency of behaviors in the Before, During and After phases
Write the four types of pain and give an example of each
Write - Record amount and time of any bladder output
Write 5 ways team nursing improves quality of pt. care
Write a list of advantages of special care environments to the: patient, health care personnel
Write 7 types of hazards in the environment
Write 7 factors that affect the physical safety of an individual in his immediate environment
Write 15 actions involved in nail care
Write the definition of interview
Write the characteristics of the basic food guide and of each nutrient
Write 24 actions for safe and efficient body mechanics in activities of daily living and nursing in relation to the components: Stability, Effort, Force, Friction, Torque
Write a minimum of 10 nurse actions in relation to behavior and apparel that demonstrate correct application of asepsis
Write the relationship of handwashing to asepsis and list a minimum of 8 instances when a nurse should wash her hands in a clinical setting
Write the constituents for an effective handwash and the rationale for each constituent
Write an evaluation of each characteristic of 10 given blood pressure readings
Write the identifying properties of alignment and comfort
Write the characteristics of Pulse to include normal range, influencing factors and common terminology
Write definition of assessment
Write 15 actions to effect personalization, safety, comfort, efficiency, observation, stimulation, and relaxation in administering a bath and back rub
Write 4 kinds of sensory stimuli in the environment that may influence a person's condition
Write the difference between subjective and objective data
Write the ways in which people make observations
Write the definition of perception
Write 10 safety concepts the nurse should utilize in the applications of hot wet compresses
Write the identifying properties of environmental safety
Write 3 purposes for prescribed I & O measurement
Write the identifying characteristics of grooming
Write the characteristics of Respiration to include normal range, influencing factors and common terminology

Write the characteristics of Temperature to include normal range, influencing factors and common terminology
Write 2 ways to validate the mutual understanding of information given and/or received
Write 24 actions to effect personalization, safety, comfort, efficiency and observation in bedmaking including Special Mouth Care as relates to oral hygiene
Write 24 actions essential for personalization, safety, comfort, efficiency and observation in bedmaking
Write five basic areas of daily living that concerns nurses in determining an individual's health status
Write - Record in seconds duration of contractions
Write in the patient's chart a record of the pts. food intake accurately and legibly
Write - Record routine care given mother and baby
Write - Record Pulse, Respiration, Blood Pressure
Write 3 main local effects of heat
Write on the pts. chart where valuables were deposited
Write 4 essential behaviors to insure accuracy in measurement
Write the symptoms by which cardiac arrest is identified
Write - Records result of diagnostic tests on 2 urine samples on chart paper
Write the definition of accuracy in measurement
Write signs and symptoms of respiratory distress
Write the definition of validate
Write 6 measurable and/or observable responses to pain
Write 4 factors that may influence a person's perception of pain
Write drug card on antacid and 1 anticholinergic drug
Write concept tests on feeding the newborn infant
Write - Discuss importance of regular breast examination. When should it be done? At what age should regular examination begin?
Write - State the prupose of a cast. List the two most common complaints voiced by patients having casts.
Write the definition of fluid balance
Write - Discuss perineal care for the incapacitated patient: why necessary, procedure, psycholgoical aspects
Write - Chart time, rate and regularity of Fetal Heart Rate
Write the purpose of a bland diet. Give examples of foods allowed in each of the four basic groups. List foods to be avoided
Write - List five behaviors that indicate hearing loss in a child between ages one and two
Write - Chart care given in providing opthalmic prophylaxis
Write - Chart results: amount, color, consistency, and odor after enema
Write drug cards for one each: natural estrogen, conjugated estrogen, synthetic estrogen
Write - List nursing actions specific to the care of persons with bilateral eye patches
Write the purpose of fat-restricted diet. List foods for each of the four basic groups. List foods to be avoided
Write definition of 14 abbreviations used concerning time orders on charts
Write definition of 36 prefixes commonly used in medical terminology
Write how perception may influence behavior and communication
Write - Chart color, amount, odor, abnormalities of hemorrhage
Write - Record amount and time of any output of urine

Say 2 main hazards of introducing an instrument into the bladder
Say in clinical conference the corrections needed in selected charting examples where medical terminology is not used to describe a patient
Say aloud a count of 15 chest compressions
Say the steps leading to diagnosis of cardiac arrest
Say the steps leading to diagnosis of respiratory arrest
Say - Relate & discuss observations you made of RN's as Nursing team members
Say the ways man receives sensory input
Say - Discuss in class: Glomerulus, GFR, Clearance, Molecules Filtered, Renal Blood Flow, Juxta-Glomerular Apparatus, Efferent-Afferent arteriole
Say actions necessary for safety, accuracy and personalization in measuring vital signs
Say to the appropriate person evidence of tissue response or fluid infiltration at the site of an I.V. needle or along the vein, or of I.V. fluid stoppage
Say - Report frank bleeding
Say - Teach how to "burp" or "bubble" and when: infant sitting upright on lap held over shoulder suspended on abdomen over knee
Say advantages for student nurse under team system
Say 4 uses of nose drops and sprays
Say actions which indicate understanding of concepts related to nasal instillations
Say daily care of equipment during use by pt.
Say purposes of Nursing Care Plan
Say the rationale for actions while administering an enema
Say - Be prepared to report on character of infant stools
Say - Discuss the following: Origin of Law, Classification of Law, Professional malpractice, Nursing liability, independent and dependent functions of nurses
Say - Be prepared to share information gathered in research of curriculums and nursing schools in Oregon
Say - Discuss common household accidents in home and their prevention
Say clinical situations in which a nurse can expect to see sensory deprivation
Say importance of early diagnosis and treatment of arthritis
Say - Discuss differences between institutions, especially in relation to the role of the aide-student-LPN-RN
Say - Report in class on Laws in Oregon concerning Battered Children
Say - Explain the hospital or administrative organizational charts and purpose
Say - Commend parents on their accomplishments in labor and delivery
Say - Give a 10 minute presentation of your assigned pt. to the seminar group
Say nursing actions in emergency eye conditions: foreign body, trauma
Say - Discuss communication skills that project clarity and helpfulness

Does preparation of equipment for: return flow, insertion of rectal tube, oil retention enema, relief of fecal impaction
Do - Look at body discharges and drainage to be able to describe or record as to amount, color, odor, consistency, and route of loss
Do - Students research aging and death as viewed from various age groups
Do - Watch film on "Until I Die"
Do - Incorporates actions for safe and efficient use of body mechanics to lift and carry a heavy object
Do - Incorporates actions for safe and efficient body mechanics to turn and place a heavy object
Do - Incorporates actions for safe and efficient body mechanics to move a large heavy object in 5 minutes
Do - Observe hemodialysis on selected patient
Does delivery of sharp blow to sternum 1/2 inch above sternal notch (cardiac)
Do - Establish an order of priorities in planning and implementing care for each patient

Do - Check the chart for completeness of pt. preparations laboratory findings, signed permit, history and physical
Do - Obtains equipment for blood pressure measurement
Do attachment of catheter to drainage bag
Do - Wash hands, place thumb on tope of breast just behind areola, place other finger under breast, press thumb and fingers together, repeat in rapid succession
Do - Observe perineum
Do - Set up necessary equipment, sterile gloves, masks, antiseptic solution in labor room
Do - Observe 2 RN's & note four examples of: a) ways they performed as team member, b) ways they did not
Does removal of contaminated gown and gloves
Do - Reports outcome of 5-10 minute patient interview in group conference for evaluation
Does maintainence of drainage tubes in position to allow optimal flow
Does accurate estimate of the amount of food intake at each meal
Do - Assist pt. to ambulate as soon as allowed in gradual steps of progression. Feel pulse and watch face for paling, perspiration and muscle tautness with each step
Do - Accurately read and record 20 pre-set mercury thermometers in 2 minutes
Do - Accurately read fluid levels and record from 12 graduated containers, 4 urine drainage bags, I.V. bottles
Do - Converts food intake amounts to milliliters, records and totals
Do - Identifies those foods that are liquids on a given wirtten list in 30 seconds with 0 errors
Does bagging out of laundry and instruments from an isolation unit
Does mask and gown demonstrating application of barrier technique
Do - Locates, counts and describes accurately the pulse characteristics of the dorsalis pedis
Do - Locates, counts and describes accurately the pulse characteristics of the radial arter
Do - Make an unoccupied bed in 5 minutes
Do - Incorporates actions for safe and efficient body mechanics to adjust a Gatch bed to the positions listed: Fowler's, Semi-Fowler's, Orthopneic, Williams or Jackknife, Hi then to Lo.
Do - Incorporates actions for safe and efficient body mechanics to adjust an overbed to high, low and across bed
Do - Two students demonstrate eye irrigation
Do - Clinitest urine for patient
Do - Incorporate "safety" into all nursing actions
Does application of Ace bandage to elbow demonstrating figure of 8 turns using concepts of safety, comfort, asepsis, and therapeutic effect
Do - Observe a film on care of a patient with cerebral vascular accident
Do - Role play posture & alignment of a stroke patient
Do - Instruct the patient and his family as to the need for each of the following pre-operative safety measures and ensure their cooperation as each measure is implemented: food and fluid restrictions, removal of all loose prosthesis, extraneous accessories, ornaments, cloth and gum, a clean mouth and body, an empty bladder, a quiet environment, bed rest
Does role play of admission of patient including necessary recording on chart form
Do - Select 2 examples of charting not utilizing medical terminology to describe a patient
Do - Get help when putting both legs on stirrups at same time
Do check of urinary output
Do - Check hospital procedure before doing any care
Do - Read article on attending behavior which will be handed to you in class

Do- Employ safety measures that are scientifically substantiated and made as acceptable as possible to the patient
Do - Watches film on Care of Patients in a Cast and in Traction
Do - Listen to the cassette on the "Five Stages of Dying"
Do - Observe demonstration of clappying and postural drainage
Do - Watch film "Glaucoma"
Do - Care for a patient with a hearing impairment
Do - Read "Retinal Detachment" in AJN and at least one other article on the bibliography
Do - Incorporates safe and efficient use of body mechanics to raise and lower side rail in 5 min
Do - Assists another person with oral hygiene when that person is lying flat in bed but can turn to side
Do - Assists another person with oral hygiene when that person is in bed with no other restrictions or limitations (5 minutes)
Do - Adapts bedmaking pleat to bedding
Does depression of sternum in correct manner (1 1/2 - 2") cardiac arrest
Do - Accurately graph 33 temperatures and pulse rates in 7 min/0 errors
Do - Finds current information on Kardex and in pt. chart in relation to his identified needs for nutrition, hygiene and activity
Does the performance of the following diagnostic tests on 2 urine samples: Specific gravity, test tape, clinitest, acetest
Do - Read article on attending behavior
Do - Teach your assigned patient to: count, chart, change at least one pair of behaviors
Do - Watch film "Self-Examination of Breast"
Do - Respects the confidentiality of the patient by not making unwarranted disclosure of information learned through the care of his/her patients
Do - Reports finding of 2 hr. observation in clinical setting to a group clinical conference
Do - One student demonstrate to class correct handling and cleaning of glasses
Do - Role play mother asking for advice concerning child with pain in right upper quadrant living 50 miles from hospital
Do - Performs only the nursing care for which he/she is prepared
Do - Implement an Is-Did plan to effect a change in a pinpointed behavior of your assigned patient
Do - Care for patient with arthritis
Do - Collect 24 urine specimens
Do - Listen to presentation by physiotherapist on immediate post-operative prosthesis for amputees
Do - Watch film "Prevention of Disability in Rheumatoid Arthritis"
Do - Two students visit a hearing aid company and report to class
Do - Locates the blood chemistry profile in the pts. chart
Do - Students research nursing homes, homes for aged and rehab facilities. Compare as to prices charged, services rendered, suggestions for improvement
Do - Compare social security benefits, welfare and veteran's benefits
Do - Research volunteer and public agencies providing services to disabled and terminally ill
Do - Watch film on the Nature of Pain
Does completion of celeration for each pahse and the celeration multiples between the phases
Do - Observe the film on Nursing Actions for Pain
Do - Counts the frequency of the desired behavior (either student or patient) to be effected Before, During and when possible, After implementing the therapeutic plan
Does computation of celerations for each phase and celeration multiples between phases on chart of implementation of therapeutic plan

Does application of Ace bandage to peer's fist (to simulate a stump) to demonstrate recurrent turns using concepts of safety, comfort, asepsis and therapeutic effect

Do - Observe lochia: examine perineal pad, observe color, amount and odor of hemorrhage

Do - Research the professional nursing organizations, activities, eligibility, dues etc.

Do - Administer a tap water enema, fleets enema

Do - Initiate eye contact with a patient

Do - Two students visit the Oregon Lung Association and report to class June 24: 1. scope of program, services rendered, financial resources

Do - Observe film strip on Diabetes and Care of Diabetic

Do - Watch film "Emphysema"

Do - Reads article in AJN

Do - a) compute celeration of pinpointed behaviors b) celerate pinpointed behaviors toward desired goal

Do - Use overhead projector to show patient is plan and chart

Do - Read four assigned articles from AJN on immobility

Do - Read the Nurse Practice Act of Oregon

Do - Observe a new skill being done: pt. care completion, use of Kardex by others

Do - Washes own hands using aseptic technique

LPN LEVEL

Write evaluation of Nursing 209a to include: access to resources including instructor, class presentations, student-school contract, Health Survey Form

Write 4 purposes of Nursing Care Plan

Write a process recording that illustrates the use of each of the 12 adjustment mechanisms listed below in one of the following conversations: nurse-nurse, nurse-staff, nurse-patient, patient-patient. Mechanisms are: repression, suppression, rationalization, identification, sublimation, displacement, compensation, projection, regression, introjection, intellectualization, denial

Write log of each family contact to include: pinpoint your behaviors & evaluation of care

Write tentative is plan for each need identified

Write concept tests on postpartum

Write 4 observations you would make regarding a wound

Write 14 areas of abdomen and back which might require surgical preparation

Write 8 nursing actions relevant to maintaining asepsis while donning sterile gown and gloves (closed method)

Write - Discuss nursing care of the patient having an amputation of the lower extremity with immediate post-surgical prosthesis

Write - Discuss arthritis quackery relative to: cost, effectivenss of products, spotting the quack

Write list of five of the seven warning signs of arthritis

Write when jaundice appears. Describe mechanisms producing it

Write - Discuss the common precipitating causes of diabetes

Write - Describe the following surgical procedures used in the treatment of arthritis: synovectomy, arthorplasty, arthrodesis

Write - Discuss the 7 factors which raise blood sugar above normal limits in a diabetic

Write - List 8 common symptoms of diabetes; explain physiology involved

Write drug cards for the following: aspirin, phenylbutazone, oxyphenbutazone, indomethacin, probenicid, cholchicine, allopurinal

Write - Bronchial hygiene is an important aspect of care for the pt. with emphysema. List and describe the A-B-C-D's of this therapy and state when it should be done

Write definition of the pathophysiological concepts and list one cause for each: pneumothorax, atelectasis, hemoptysis, dyspnea

Write the 3 components of pain and describe the function of each component

Write what are the nurses responsibilities in caring for a patient with diarrhea

Write list of five objectives of patient education relative to understanding arthritis and how to live with it

Write - Discuss the symptoms & nursing management of hypoglycemia

Write the ion or ions that exert the major influence on the following physiological processes: water distribution, osmotic pressure, nerve and muscle, electrical stimulation and propagation, oncotic pressure of blood, acid base balance, enzyme reactions

Write the meaning of or application, for each of the following terms: electrolyte, ion, anion, cation, valence, milliequivalent, osmolarity, tonicity, pH, buffers, acid -base balance

Write definitions of: synergism, antagonism, anticdote, toxicity

Write the interpretation of 20 medication orders

Write about 40 nsg. actions arranged in sequence to administer to Mrs. Chase:
Digoxin 0.2 mg (0) o am
Maalox ʒ T qid pc (0) 9-1-6-9
Penicillin 300,000u
IM BID 9-9

Write the major anions and cations in each of the fluid compartments

Write how the body's homeostatic mechanisms differ from the stress mechanism and in what way are they similar

Write an important advantage for each method of prostatectomy

Write the purpose of use of anticholinergic drugs and what side reactions must a nurse observe

Write definition of the following pathophysiological concepts relative to disorders of the male reporductive system: phimosis, epispadias, hypospadias, orchitis, cryptorchism, variocele

Write - List six complications, signs, and symptoms of each, which may occur in the elderly patient with a fractured hip

Write - Discuss nursing care for a patient post-operatively for gall bladder surgery

Write a menu for one day for a patient on bland, low residue, hi-protein diet. Include list of foods to avoid

Write definition of the following as written in the nurse practice act: diagnosing, treating, practice of nursing, practice of practical nursing, practice of registered nursing

Write list of nursing behaviors for preparation of patient for, and assistance during the pelvic examination

Write abbreviations for 18 routes or areas of medication administration

Write list of symptoms common to menopause. Discuss treatment for two of the symptoms listed

Write your actions in the following situations: a) a child playing in a sandbox has just had a handful of sand thrown in his eyes, b) your partner in chemistry lab has accidently sprayed mild acid in her eyes, c) your little league ball player nephew just got a cinder in his eye

Write why epididymitis is a common complication in male pt. with indwelling catheter

Write drug card for one oral hypoglycemic agent

Write one question which you consider will evoke an answer that reveals what you have learned about intestinal obstruction

Write drug cards for three types of insulin as to indicate for use, peak action, duration of action, and precautions for use

Write - Identify 5 abnormal constituents of urine and their causes

Write description of bone healing following a fracture

Write - Discuss tuberculin skin testing relative to: who should be tested, what should be done for the person who has converted to positive skin test

Write definition of the following pulmonary function volumes including normal ml. capacity: tidal volume, inspiratory reserve vol., expiratory reserve vol, vital capacity, residual volume

Write four chemotherapeutic agents used in treatment of tuberculosis stating pharmacologic action, toxicity and nursing implications for each

Write - Chart tracheostomy suctioning, include pertinent observations

Write name of 2 minerals - corticoids and state their actions

Write - Chart abnormalities observed in contractions

Write a description of the method for removing: a) an insect and b) an accumlation of cerumen, from the ear canal

Write 10 terms related to observation of the newborn

Write meanings for 22 abbreviations or terms related to routes for medication administrations

Write - List four problems associated with suprapubic prostatectomy

Write concept test on newborn infant

Write - Describe 4 of the following tests and the specific nursing actions and teaching that are associated with them: lumbar puncture with Quickenstedt test, pneumoencephalography, electroencephalograph, arteriography, brain scan

Write - Describe dietary therapy in C.F.

Write - Record intensity of contractions: strong, moderate, mild

Write an example of each behavior which you pinpointed to indicate respiratory distress and write drug cards (include major classification of drug action, generic name, pharmacologic action, excretion, routes of administration, average dose, toxicity and contraindications)

Write 2 items not to include on Nursing care plan

Write four nursing behaviors important to the patient in the first 24 hours following stapedectomy

Write what nursing behaviors are pertinent to the post-operative patient who has had a suprapubic prostatectomy

Write - List in order of priority nursing behaviors for care of a person during the first 24 hours following abdominal hysterectomy

Write a list of signs and symptoms of: a) Hypokalemia, b) Hypo natremia, c) Hypo calcemia, d) Hyperkalemia

Write - List nursing behaviors pertinent to continuous bladder irrigation for pt. first 24 hours folloiwng a TURP

Write list and describe eight different types and lines of fractures

Write description of pathophysiology of portal hypertension: intrahepatic, extrahepatic

Write - Discuss life style adaptations for a 17 year old boy diagnosed grand mal epileptic

Write list of nursing actions to assess causes of pain the pt. who has a long leg cast

Write - List five alterations in body functions indicative of increased intra-cranial pressure and describe the pathophysiology involved with each change of function

Write application principles & nsg. actions for Thomas splint-type skelletal traction

Write - State classification, action and range of concentration percent of the following drugs: phenylephrine, cyclopentalate Hcl, pilocarpine, isoflurophate

Write - Chart catheterization procedure
Write - Describe the levels of consciousness in order of deterioration
Write diagram of apparatus show line of pull for Thomas splint-type skelletal traction
Write the name of four defects associated with tetrology of Fallot and clinical manifestations
Write definition of the following terms related to respiration: ventilation, perfusion, diffusion, hypoxia
Write - Discuss the nursing care for the patient with acute spinal cord damage
Write - Differentiate between conduction and senorineural hearing loss
Write - List five behaviors that indicate hearing loss in a child before the age of one
Write when a reaction from short acting insulin would occur; long acting insulin and how would the reactions differ? Explain
Write - Discuss why it is not wise for the diabetic patient to use honey, jams, sugar or jelly
Write concept tests on phenomena of labor
Write - List and describe exercises you would teach the post mastectomy patient
Write the meaning of each term dealing with pre-operative medications
Write the name of 2 drugs for each term that are commonly used pre-operatively to obtain this desired effect
Write 24 nursing actions used in doing a colostomy irrigation relative to concepts of personalization, comfort, effectiveness, safety, and asepsis
Write the characteristics of Vital Signs to include normal ranges, influencing factors and common terminology
Write 4 safety concepts in relation to surgical incisions containing drainage tubes or penrose drains
Write 5 specific terms in relation to wound drainage
Write 2 examples of applications of each of the following methods of heat transfer: conduction, convection, radiation
Write 6 nursing actions relative to concepts of safety, effectivenss in applying local hypothermia
Write 6 therapeutic uses of induced local hypothermia
Define the following terms in relation to methods of application of heat: pack or compress, soak, stupe, poultice
Write the physical and chemical identifying characteristics of foods allowed on 7 common prescribed diets
Write the symptoms by which respiratory arrest can be differentiated from cardiac arrest
Write description of physical characteristics of urine sample and concepts applied in diagnostic tests on urine samples
Write identification of 15 terms describing process of elimination
Write 3 therapeutic uses of induced generalized hypothermia
Write and define 4 processes by which the body loses heat
Write - Define 21 words related to urinary system and urination
Write 5 ways in which the presence and magnitude of stress response can be determined
Write the definition of data collection
Write the avenues of fluid intake and fluid loss, both normal and abnormal
Write two essential nurse actions to effect the desired result of the preopertive medications
Write 7 nursing actions related specifically to containing contamination while removing gown and gloves

Write the name of the types of drugs that cannot be combined with other drugs in a single dose administration
Write identification and description of the two main ways wound healing occurs
Write and describe 4 kinds of wounds
Write definition of 24 suffixes commonly used in medical terminology
Write 18 terms which might be used in medical terminology to describe a pt. on admission to a hospital
Write 18 words describing skin in acceptable medical terminology
Write the effects of decreased circulation on all body systems
Write 45 physiological concepts applicable to elimination
Write the definition of common terms basic to Asepsis
Write an analysis on a given form of a patient's actual 24 hour nutritional intake for the following prescribed diets: liquid, N.P.O., regular, any selected special diet
Write the purpose and identifying properties of barrier techniques to effect medical and surgical asepsis
Write on chart all appropriate data in relation to performing a wound irrigation, inserting packing and applying a dressing
Write on chart all appropriate data in relation to preparing a sterile dry dressing and changing a surgical dressing
Write an analysis of the efficiency of a task performed by another person or yourself
Write the identifying properties of personalization
Write 11 definitions pertinent to infectious diseases
Write test over mathematics of drugs and solutions
Write 11 definitions pertinent to infectious diseases
Write 39 nursing actions appropriate to specific infective organisms
Write 7 (or more) facts about drugs the nurse should know before she administers it
Write an indication of what observations you as a nurse would make with the following conditions which would be valuable in diagnosis with the newborn infant requiring immediate attention: a) esophageal atresia, b) imperforate anus, c) congenital atresia of the intestine
Write a comparison between colostomy and ileostomy in 8 stated categories
Write 4 terms used to describe types of ostomies
Write concept test on stages of labor
Write - Chart observations and care of perineum
Write - Record - lumps, abnormal color, redness, cracks, erosions, blisters, discharge in breast inspection
Write 5 possible treatments of wound infection
Write the measures employed by the surgery staff in O.R. to effect: safety, comfort, and personalization for the patient before, during and after his surgery
Write a list of reasons for the development of special care environments
Write - Describe immunization for one year old; list reasons for withholding smallpox, rubella and rubeola
Write names & describe 3 different types of naso-gastric tubes
Write - Chart procedure for insertion of Levine tube
Write at least one theoretical justification of a special care environment
Write multiple choice test regarding nutrition
Write the difference between IPPB therapy and Oxygen therapy
Write the differences in suctioning the oro- or nasopharynx vs. the trachea
Write complete observation form following visit to Holliday School for handicapped children
Write - Identify the signs or symptoms specific to the following communicable diseases which set each apart from the others: varicella, rubeola, rubella, mumps, scarlet fever. Identify signs, symptoms, incubation period which are common to each
Write 4 purposes of team conferences

Write the "5 rights" of safe drug administration

Write 4 nursing actions essential to determine effectiveness of O_2 therapy

Write definition of lavage, gavage

Write conditions in uretero which predisposed to anoxia and how some may be prevented

Write 8 nursing actions related to communication essential to effective oxygen therapy

Write 5 causes of cystitis

Write list of three nursing measures you could perform to alleviate sensory deprivation in a person being treated for retinal detachment

Write the problems and plan to implement the care in the order of priority for each patient

Write - Copy typical Kardex from hospital pt. On second Kardex show how to improve it

Write - Chart procedure for perineal prepWrite actions which indicate understanding of concepts related to ear irrigations: equipment, safety, comfort, teaching, observations

Write actions for application of eye medications

Write - Chart medications administered correctly on a med. sheet &/or nurses notes of the hospital in which you are currently practicing

Write 4 essential observations to determine safe responses to these categories of pre-operative drugs: hypnotic, sedative, analgesic, tranquilizer, narcotic, anticholinergic, synergism, potentiation

Write - Describe symptoms of dumping syndrome, its causes and prevention

Write the rationale for administering a combination of pre-operative medications

Write - Identify 6 special learning needs of the diabetic patient

Write - Duscuss 3 complications of diabetes, the causes and symptoms exhibited by patient in each to indicate concern

Write - Discuss care of the feet for a diabetic patient

Say - Discuss rationale for "nothing by mouth" when patients are in the last stage of labor

Say diagnostic measures and methods of surgical excision of prostatic tumors

Say - Discuss nursing behaviors pertinent to care of the post-operative mastectomy patient

Say pathophysiology of tumors of prostate

Say - Discuss pre-operative preparation of patient having breast biopsy with possible mastectomy

Say - Discuss diagnosis of breast lesions

Say - Discuss with class the types of foods added to child's diet, when and why

Say how plastic trach tub differs from silver one as to: appearance, safety, cleaning, re-use

Say - Discuss physiology of bone healing

Say the name and specific role of the major organs that maintain fluid and electrolyte balance in the body

Say - Types and lines of fractures

Say - Assessment guide for patients in casts: circulatory status, neuromuscular integrity, integumentary comfort, body alignment, satisfaction of basic needs

Say the use of the following types of durgs in the greatment of protal hypertension: vasopressors, antibiotics, diuretics, Vitamin K

Say - Explain procedure of breast and nipple inspection

Say the signs and symptoms of tumors of the prostate

Say - Discuss in class etiology and predisposing factors, symptom, medical Rx of peptic ulcers

Say items to include in Nursing Care Plan
Say nursing care of the patient requiring radium therapy
Say why team leader should supervise team members
Say the major causes of respiratory insufficiency: atmospheric hypoxia, hypoventilation hypoxia, diffusion hypoxia, abnormal ventilation/perfusion ration, transportation hypoxia, tissue utilization hypoxia
Say difference between open and closed trauma
Say - Discuss etiology, signs, symptoms, and treatment of patients with relaxation of pelvic muscles
Say role of health team in meeting special needs of patients with arthritis: education, relief of pain and inflammation, preservation of joint function and prevention of deformity
Say how to keep Nursing Care Plan current
Say - Discuss types of formulas available for infant and purpose of each
Say - Discuss structures and function of ear concerned with hearing: external ear, middle ear, inner ear, physiology of hearing and balance
Say incidence and cost of arthritis in the USA
Say - Discuss symptoms: small bowel obstruction, large bowel obstruction
Say - Discuss: medullary hormones - dysfunction, diagnostic tests, Rx
Say name of two drugs each and indications for use: cycloplegics, mydriatics, miotics, antiinflammatories, lubricants
Say a minimum of one advantage and one disadvantage for each type of equipment for administering O_2 : mask, nasal canula, nasal catheter
Say - Explain procedure used in observing fundus
Say pre and post operative nsg. care of person having abdominal hysterectomy; to include instruction relative to convalesence
Say - Discuss effect of hospitalization on G & D
Say - State the utility of the following diagnostic procedures: chest x-ray, bronchoscopy and bronchogram, cytologic tests, pulmonary function studies, lung scan, pulmonary arteriolography, biopsy, bacteriologic studies
Say - Discuss in class predisposing factors to allergy
Say classification and pathophysiology of common types of arthritis: polyarthritis, connective tissue disorders, rheumatic fever, osteoarthritis, gout
Say - Discuss in class: metabolic function of the liver - carbohydrates, fats, proteins, vitamin and mineral storage
Say - Discuss nursing implications of respiratory insufficiency: participation in community education programs, protection of patients from effects of oxygen deficiency, carry out measures to maintain ventilation
Say - cholecystitis & cholelithiasis - precipitating factor, obstruction, stasis, inflammation, medical and surgical management and nursing care related
Say - Discuss diagnosis of different types of arthritis
Say nursing care of the patient with a fractured hip
Say pre and post operative nursing care for: total hip replacement, amputation, injury of medial meniscus
Say - Discuss the various meanings that therapies, tests, and hospitalization have in relation to: confinement, dependence, self esteem, body image, seperation, trust, growth and development
Say - Discuss cause of mechanical obstruction, paralytic ileus
Say the significance of abnormal values for blood and urine measures and for variation from normal in a differential white count
Say the signs or measurements related to urine, skin, stools, weight, mucous membranes that give evidence of fluid deficiency
Say 15 concpets of asepsis relevant to preparing and applying a sterile dry dressing
Say the five stages of grief and Identify causes for grief other than death and ways to assist grieving persons

Say in class presentation: the signs and symptoms of wound infection, essential and immediate nurse responses, effect in the body of antibiotics, specific nurse actions to effect the desired result of antibiotics

Say the concentration of O_2 which can be administered by each type of equipment used: mask, canula, catheter

Say - Discuss drugs and actions useful in treatment of menopausal symptoms

Say nursing behaviors pertinent to gynecological examination: preparation of patient, teaching pertinent to diagnostic procedures

Say nursing care of patient with eye disorders paying attention to: problems of immobility, reduced visual input, pre-operative teaching, post-operative care

Say 15 nursing actions while performing a wound irrigation considering comfort, safety and observation

Say - Share in class: 1 client authored is plan, 1 client kept chart

Say - Discuss Maslow's hierarchy of needs useful to nurses in identifying patient needs and planning care

Say management & nursing care of patient with abdominal surgery and possible complications

Say structures and function of eye concerned with refraction and vision

Say - Discuss ANA Code of Ethics and implications for practice

Say - Discuss the following criteria of a profession: utilizes a specialized body of knowledge based upon scientific principle, enlarges body of knowledge and constantly improves techniques in education by hte use of scientific methods, group consciousness and activity for formulating professional policy and extension of scientific knowledge

Say - Students report to class on research of aging and death as viewed from various age groups

Say - Discuss difference in illness in children and adults based on: anatomical differences, physiological differences, psychological differences

Say diagnostic test for neuro-dysfunction

Say - Discuss hyperventilation as related to brain trauma

Say - Student Reports: Trigeminal Neuralgia, Rehabilitation of the pt. with M.S., L-Dopa in the treatment of Parkinson's Disease and Myasthenia Gravis

Say difference between children and adults reaction to head injury

Say pathophysiology, signs, symptoms and treatment of: infection, cataract, glaucoma

Say - Discuss the needs of sensorially deprived patient as seen in the diagram superimposed in Maslow's needs triangle

Say the essential nursing care for a patient having a colostomy or ileostomy

Say nursing behaviors pertinent to the care of the patient with prostatic conditions

Say - Review in class anatomy and physiology of the digestive system

Say - Discuss treatment of prostatic Ca

Say nursing actions for assembling oro-pharyngical suctioning which cannot be demonstrated

Say - Talk with team leader or head nursing on your ward about progress

Say - Report significant findings in inspection of breasts and nipples

Say four situations which may require use of tracheostomy

Say - Discuss the concept of life long care the terminally ill must accept

Say - Explain importance of procedure and expected frequency of contractions in timing contractions

Say - Report in class on: National Cystic Fibrosis Research Foundation, Vitamin Deficiency disease with C.F., Sweat Chloride Test, Medication therapy in C.F.

Say - Verbalize your understanding of the statements: 1) the team leader must always be a professional nurse, 2) the team leader should always be the best qualified person on the team
Say behaviors demonstrated by healthy subjects exposed to a period of sensory deprivation
Say - Discuss pre and post-operative nursing care of bowel surgery
Say to the instructor (or staff) and the patient those conditions that appear to influence the fear behaviors
Say to the instructor (or staff) and the pt. those conditions that appear to influence the behaviors in the patient
Say - Discuss in class: Anatomy & Physiology of pancreas; relationship to G.I. structures
Say to the instructor (or staff) and the patient those of the patients behaviors that infer fear in him
Say 5 uses of ear drops
Say definition of the experience of sensory deprivation
Say 2 differing opinions regarding taping catheter to the leg
Say - Report any abnormalities: FHR below 100, FHR above 160, Irregularities, presence of meconium in vaginal discharge
Say - Discuss in class: weight, length, head circumference, reflexes, fontanels, vital signs, body and skin as relates to the newborn
Say any nursing actions which cannot be demonstrated regarding catheterization
Say - Discuss in class: Anatomy & physiology of Gastro-intestinal tract, observations of signs and symptoms, medical therapy, nursing care
Say rationale for all actions while demonstrating surgical scrub without contamination
Say definition of surgical scrub
Say the various reasons for surgical intervention
Say principles governing reapplication of jell to paddles of defibrillator
Say the need for and the hazards related to each of the three components basic to surgical intervention
Say 3 reasons for catheterization during a skill demonstration on a model
Say nursing actions for preparing equipment for insertion of rectal tube and oil retention enema embracing the concepts of asepsis, comfort, safety and personalization
Say when is lavage carried otu
Say - Present, as a member of one of three selected groups, a summary of one of the following issues and its effect on nursing intervention: the major components of communitive process, communication facilitators, communication blocks
Say those therapies that can be nurse initiated
Says concepts involved while demonstrating donning sterile gown and gloves (closed method)and removing contaminated gown and gloves
Say 10 concepts of asepsis relevant to priming solutions and the use of pick up forceps
Say - Differentiate between the various types of therapy physical agents, hydro, chemical, thermal, radiation etc. and give a minimum of one example of each
Say - Discuss respiratory therapy and complication of O_2 therapy
Say purpose of surgical scrub
Say - Verbalize: deficiencies in copied Kardex, rationale for improvements

Do - Evaluate an endocrine problem on a pt. showing nsg. program events
Do - Check pupil reaction

Do - Care for the pt. in the recover room under direct supervision of a qulified nurse: position the pt. and ensure and maintain a patent airway, accurately measure evaluate and record v.s., test the pt. response to external stimuli by observing pupil size, face etc., feel the skin for warmth and moisture, look at the dressing and appropriate areas for bleeding and drainage

Do - Apply restraints as necessary in the recovery room

Does maintenance of accurate measurement and recording of an individual's fluid intake and loss: on every post-operative patient until deemed unnecessary by a qualified person, whenever there is doubt as to the adequacy of intake and loss, whenever it is ordered

Does calculation of the drip rate per minute for a prescribed amount of I.V. solution to be given in stated length of time

Does location of the drip factor for the I.V. sets used in the clinical setting where assigned

Do - Locate in the patient's chart the following diagnostic studies: acid phosphatase, urine culture, urinalysis, cystoscopy, pyelogram

Do - One student visit the Oregon Chapter of the Arthritis Foundation and report what it is and what it does

Do - Each clinical group research administrative lines in nursing service and consturct a paradigm to illustrate information

Do - Change an abdominal dressing

Do - Pinpoint in 2 clinical patients differences between children and adults: anatomical, physiological, psychological which effect nsg. evaluation of the illness. Plan and implement appropriate actions for the differences

Do - Give enema to a woman in labor

Do - Evert eyelid of classmate

Do - Observe and palpate abdomen for distension

Do - Two students demonstrate to the class the procedure for continuous bladder irrigation following TURP: equipment, flow rate for effective irrigation precautions intake and output

Do - Apply binder, administer analgesics, ice caps, ointment or heat to engorged breasts

Do - Inspect breasts and nipples: wash hands, use good light, palpate all sides

Does removal of an I.V. needle from an individual

Do - Observe height of fundus: press on abdomen to locate, press on fundus, massage if not firm

Do - Perform daily care of tracheostomy on model: suction tracheostomy, change dressings, change ties, clean inner canula, clean wound

Do - Assemble equipment for oro-pharyngical suctioning. Demonstrate techniques used for: unconscious pt., resistent pt.

Do - Incorporate the concepts of "growth and development" into nursing actions when dealing with pediatric patients

Do - Teach patient correct cough technique paying attention to concepts of asepsis; comfort and personalization

Do - Perform care of shunt according to hospital procedure or: observe & write what was done and evaluate

Do - Chart each of the following behaviors as phase changes on a behavior chart using 500 min. record floor in the order presented: ask open ended questions, pair: 1) validates - 2) assumes, paraphrases, summarizes, reflects, infers

Do - Note laboratory data on a pt. chart showing: 24 hour urine amylase, serum amylase, serum lipids, clotting time, hematocrit

Do - Ask a pt. or person for a list of foods he likes. Using a food exchange list place them in the proper exchange or in the list of foods to be avoided. Minimum of 10 different foods. Utilize when possible in planning days menu

Do - Two students visit a community agency for the blind or visually handicapped and report to class

Do - Locate 4 common IM sites

Do - Locate landmarks for each IM site

Do - Complete course requirements and accelerate own behavior x1.5 for a grade of A

Do - Complete course requirements and accelerate own behavior x1.2 for a grade of B
Do - Select a patient with health care needs to be visited by you at home
Do - Demonstrate log roll for patients with spinal fusion
Do - Read the AHA Code of Ethics
Do - Two students role play counseling the person experiencing the discomforts of menopause
Do - Listen to presentation by urologist "Transurethral Resection of the Prostate"
Do - Assemble equipment for gavage
Do - Read a book of your choice that has a human interaction plot
Do - Students research terminal neuromuscular disorders including spinal cord injuries, CVA and the scleroses
Do - Submit brief evaluation of your "Report Giving" by an R.N. and an LPN
Do - Assemble equipment and role play vaginal douche on model
Do - Assemble equipment for bladder irrigation or instillation
Do - Obtaining nursing organization chart of a health care facility and construct a paradigm to share with class
Do - During videotape practice the use of attending behaviors: relaxed comfortable position, initiate and maintain eye contact, take cues from peer or pt. develop areas of discussion
Do - Evaluate attending behaviors from the video tape
Do - Prepare and administer oral medication to a partner. Demonstrate the concepts of: safety, comfort, personalization
Do application of heat lamp, assist with sitz bath, apply glove or ointment or spay in episiotomy care
Do - In each clinical setting - select 1 pt. to be presented to the next class session by the nursing caring for the pt. who will be identified only by initials, age and sex. Present case history of identifying factors that affect illness.
Do - Records the various actions performed by personnel in a clinical setting in a 2 hr. observation period in which the concept of Asepsis was applied correctly
Do - Reads the values of blood chemistry profile and determines whether the values are within normal range for the major electrolytes and the blood pH
Do - Prepare and administer to a partner 0.1 cc N.S. intradermally
Does preparation of a sterile wet dressing tray using pickup forceps for transferring sterile supplies
Does preparation of sterile dry dressing tray without the use of pickup forceps in the assembling procedure
Do - Evaluates blood pressure measurement
Does identification of the specific foods on the menu or on the patient's tray that will promote tissue healing, promote regular bowel elimination, and balance his nutritional needs
Do - Locates in a patients chart the findings from the various methods used to establish a diagnosis
Do - Feel abdomen daily for distention
Does maintenance of I.V.'s in place and at the prescribed rate of flow
Does assessment of the characteristics of the patients urine and stools for signs of fluid excess or deficiency
Does demonstration of surgical scrub without contamination
Do - Select 2 examples of charting using medical terminology to describe a patient
Do - Include father in the birth process according to his level of comfort
Do - Pinpoint the behaviors of a "psychiatric" patient
Do - Demonstrate safety, efficiency, effectiveness, comfort, and teaching in administration of O_2

Do - Complete programmed instruction for calculating solutions and dosages
Do - Determine duration and intensity of contractions
Do - Observe contractions for abnormalities: greater than 80 seconds, uterus does not relax properly between contractions
Do - Evaluate attending behaviors fro the video tape
Does demonstration of donning sterile gloves (open method) without contamination
Does objective evaluation of the possible factors in each pts. life that could be causing or contributing to his/her illness, response to illness and/or therapies as a basis for planning care, health teaching, making environmental changes
Does demonstration of donning sterile gown and gloves (closed method) without contamination

RN LEVEL

Write - List 10 community health needs and method of fulfilling
Write - Develop own grade contract
Write an evaluation of the community health course
Write - Complete the 2 client's charts with appropriate comments
Write 10 competencies for each long term involvement in the community
Write - Submit bibliography with 10 annotated references related to community nursing
Write - Purpose, modes of action, routes of administration, average adult dosages, symptoms of toxicity, and contraindications of seven drugs used within your community health experience
Write - Assignment on Retrolental Fibroplasia
Write references for Family Health Survey assessment
Write - Discuss heart disease involvement with Cystic Fibrosis and symptoms
Write 10-12 complications of pregnancy experience concept tests
Write outline for preoperative teaching for a person who will have a cataract removed from the rt. eye, the left one to be removed later
Write plan for team conference prior to conducting
Write a list of at least 3 statements about drug therapy for arthritis you would incorporate into your teaching plan for a patient
Write - Diagram and label the transport of oxygen and carbon dioxide through structures of am alveolus, lung capillary, tissue capillary and tissue cell
Write nurse-family contract report according to given outline
Write description of pathophysiological process of acute pancreatitis
Write choice of priorities of nursing actions from synthesis of signs, symptoms and lab data
Write definition of normal blood gases
Write nursing actions to prevent physical and emotional fatigue while providing adequate fluid intake
Write what information should a nurse give a patient relative to the following: change of habits to help alleviate hemorrhoids, change of diet, relief locally of pain
Write definition of terms and related medical and nursing actions: paralytic ileus, peritonitis, subphrenic abcess
Write indication of how tests for pancreatitis change and what they reflect
Write - Discuss control of respiratory symptoms with Cystic Fibrosis and nursing care
Write description of the procedure for taking a cervical smear for Papanicolaou testing. What is the significance of the cytological finding "class four"?
Write - Describe the technique and rationale for safe earlobe piercing
Write - Discuss the reasoning for severe abdominal pain after surgery for coarctation of the aorta

Write - diagram the difference between fluid and electrolyte shifts in hypovolemia due to: a) hemorrhage, b) severe thermal trauma

Write - List questions you would ask persons coming to a glaucoma screening clinic. Describe two diagnostic tests which might be done at such a clinic

Write - Discuss information the patient should have prior to having bronchoscopy

Write - Describe symptoms and laboratory values that would lead you to suspect: respiratory acidosis, respiratory alkalosis

Write list of five observations indicative of bleeding esophageal varices

Write definition of the following terms: ocular dexter, ocular sinister, ocular unitas, hyperopia, diplopia, myopia, entropion, ectropion, conjunctival injection, accomodation, oculist, opthalmologist, optometrist

Write - Exercise and rest are important health habits for the well being of patients with emphysema. What can you teach the patient to do to enhance rest and exercise.

Write the pathophysiology of hyaline membrane disease

Write - diagram nephron structure and state function of parts briefly

Write six goals of medical therapy for acute pancreatitis

Write symptoms in a baby with erythroblastosis which indicate the progression of the disease

Write list of six possible nursing actions you will perform for the patient with bleeding esophageal varices

Write list of three diagnostic tests specific for pancreatitis

Write - Include variables which prevent optimum physical and mental functioning on Is-Did plan if appropriate

Write - Discuss the use of phototherapy in jaundice and nursing responsibilities and observation

Write indications for exchange transfusion and the procedure

Write description of typical patient with celiae disease

Write pahtophysiology and resultant symptoms of celiae syndrome

Write 7 handicaps of prematurity and describe the nursing actions for providing protection

Write list of ongoing needs requiring follow-up in family seminar experience

Write - Discuss criteria and preop teaching for patient for bowel resection for obesity

Write a menu for a diabetic patient with the following diet prescription: CHO - 150 Gm a day, Protein - 62 Gm a day, Fat - 90 Gm a day, Divide in 3 meals a day and a snack

Write correct nursing actions relevant to nurses' code of ethics in a variety of described situations

Write what conditions qualify a patient for trial with a hypoglycemic agent

Write description of normal conduction pattern of the electrical activity of the heart; i.e. the configuraiton of each defleciton and the normal intervals

Write the cue symptoms in identifying congestive heart failure, explaining the relevance of each symptom to the well being of the patient

Write the symptoms that differentiate pulmonary edema from congestive heart failure

Write brief discussion on use of the following drugs in portal hypertension: barbiturates, morphine dirivatives, Vitamin K, diuretics, potassium, anti-biotics, vasopressors

Write nutritional section of Adult Health Survey and Newborn

Write the identification of third degree heart block on the ECG

Write description of changes in L.O.C. based on knowledge of pathology

Write the rationale for pacemaker therapy for heart block

Write 4 actions of nursing team leader which would fulfill the following needs in her team members: belonging, recognition, security, personal growth, understanding

Write the sources and page nos. on each care plan

Write list of 8 actions of glucocorticoids

Write - Compute creatinine clearance
Write two examples of surgical procedure for hydrocephalic infant
Write relationship between creatinine clearance & GFR
Write implications of a creatinine clearance of: 50 ml/min, 115 ml/min
Write 6 responsibilities of conference leader

Say - Discuss in class: signs and symptoms of portal hypertension
Say - Discuss short term visits to community agencies with instructor
Say names of 4 common IM sites; say important landmarks for each site
Say - Discuss normal physiology of aging as it occurs throughout the body systems
Says definitive therapy after successful defibrillation
Say pathophysiology, signs and symptoms, treatment and nursing care for: infection, foreign bodies, cerumen accumulation, hearing loss
Say - Discuss in class: peritoneal dialysis, Hemodialysis, shunts-care, fistulas, emotional factors
Say - Discuss in class: donor selection, tissue typing, HL-A, ABO group, survival statistics, rejection & Rx, cortisone, imuran, cytoxan, ALS, radiation, dactinomycin, surgical procedure, Diuresis p surg. coma de Passe, as relates to renal transplant
Say - Complication and surgical Rx of peptic ulcers
Say - Discuss in class: Causes and prevention of prematurity, physical characteristics of premature, problems and related nursing therapy for premature
Say - Discuss in class: pancreas, etiology of diabetes mellitis, metabolism in relation to diabetes, objectives of diabetic treatment, factors which affect diabetes, symptom and complication of D.M., diabetic gangrene, insulin, hpoglycemic agents, diet, juvenile diabetes, community agencies involved in concern of diabetes
Say the needs of the patient for adequate teaching of patient with pacemaker
Say the needs of the patient in heart block with pacemaker for teaching
Say - Report abnormalities in assessment of infant
Say - Discuss malignant disease: etiology, pathology, incidence, psychological significance, treatment
Say - Teaching: (Allergy), Row Elimination Diet, Instruction for environmental control for allergy
Say - Discuss: Proximal Tubule, Major Solutes, Volume Fluid Reabsorbed, Types Transfer, Threshold
Says plan for care based on data collected from tests reports
Say structure and function of uveal tract and retina
Say - Students report to class on research in sociological views of aging in other societies
Say the pathophysiology, symptoms and related nursing care of malabsorbtion diseases caused by rapid transit of food thru the bowel
Say alteration in body functions that provide the best guide for estimating increased intra-cranial pressure
Say - Student presentation on: Diuretics, carbonic anhydrase, inhibitors, Aldasterone antagonist
Say - Student discussion: ethacrinic acid, Lasix, miscellaneous diuretics
Say action to take if defibrillation is unsuccessful
Say instances when directive leadership is appropriate
Say - Report in class on: Phototherapy, Rhogram, Exchange transfusion
Say - Discuss in class: Differences, Similarity, Normal physiological or Erythroblastosis Fetalis
Say - Discuss in class: genetic aspects, exocrine glands, pancrease, lung as relates to Cystic Fibrosis
Say - Report in class on: Secondary dissachoride deficiency in celiac syndrome, Diagnostic tests

Say - Discuss 4 psycho-social theories of aging: disengagement, activity, role, developmental
Say - Discuss drugs used in treatment of pancreatitits (atropine, banthine, probanthine, antienzymes, amyl nitrite, procaine hydrochloride, insulin, antibiotics, K+ supplements, dextran)
Say - Discuss in class different causes of mal absorption disease
Say - surgical treatment of portal hypertension
Say - Discuss hyaline membrane disease: malformations of lungs, chests, heart or great vessels
Say - Discuss in class the difference between acyanotic and cyanotic lesions
Say - Discuss in class: (Thermal Trauma) - classification of burns, sequence of events following severe burns, stages of shock, fluid and electrolyte shifts, immediate care, infection control, nutrition, rehabilitation
Say - Discuss: cortical hormones, G.A.S., Diagnostic Tests, Dysfunction - Hypo-Addisons Disease, Hyper-Cushings Syndrome, Prim. Aldosteronisa, Adrenogenital Syndrome
Say how team leader supervises
Say - Discuss in class: causes of portal hypertension
Say - Report and evaluate orally examples of leadership in self
Say - diet of patient with pancreatitis
Say - Nursing actions relevant to: pain, shock, infection, gastric decompression, diabetic acidosis, fluid and electrolyte imbalance as relates to pancreatitis
Say - objectives of medical therapy for pancreatitis
Say - Discuss in class causes of anoxia and asphyxia in Newborn: Obstruction, inactivity of response center, intrinsic disorders of lung, hyaline membrane
Say - etiology of pancreatitis

Do - Compute Creatinine clearance for a patient and evaluate
Do Family Health Survey assessment following given outline
Do - Make nurse-family contract using given outline
Do - Locate in a patients's chart the values for: pO_2, O_2 saturation, pCO_2, pH, bicarbonate and evaluate the significance of the findings relative to: variation from normal range and need for special nursing actins in giving care
Do - Observe self for types of leadership you practice: Directive leadership, Democratic leadership, Laissez Faire. Count the above types of leadership fo self
Do - Students research legal aspects of death, euthanasia and life prolonging measures
Do - Collect laboratory data showing status of liver function: pigment studies, protein studies, prothrombin time, serum alkaline phosphatase, serum tranaminase, flocculation tests, dye clearance, cholesterol
Do - Assessment of infant: undress completely, observe for jaundice, apply gentle pressure with one or more finger tips on the end of nose or chest, release pressure suddenly, check skin for anemia, observe for abnormal cyanosis, check arms and legs for symmetry, check for excessive limpness or rigidity, inspect inside of mouth, lift infants head up and shade eyes, cleans infant
Do - Observe 2 examples of directive leadership and democratic leadership by a team member
Do - Obtain a pediatric nursing history and utilize in planning care for child while in hospital
Do Adult Health Survey of Mother (pre-natal) following given outline
Do - Make initial visit to selected family with pregnant mother (pre-natal)
Do Health Survey of each family member following given outline
Do - Research on two areas related to community health
Do - Palpate pts. breasts for masses

Do - Assess 10 community needs and modifications needed for more effective delivery of health services
Do - Take and pass concept tests on: community health nursing, epidemiology, population problem, effects of excessive population, amelioration of the population problem, V.D., social diseases, drugs, contagious disease
Do - Note presence of scoliosis
Do - Elicit Babinski reflex on infant
Do - Recognize tympanic membrane
Do - Check finger to nose coordination
Do - Identify presence of heart murmur
Do - Check for calf tenderness in a patient during examination
Do - Arrange for instructor to visit each long term agency and person(s) you have been working with in community health experience
Do -Select a family with a pregnant mother whose E.D.C. is between assigned dates
Do - Observe scleral icterus
Do - Evaluate a decrease in urine output for a patient showing: cause, lab, clinical data, nsg. intervention
Do - Research the following: levels of education in nursing, curriculums of 2, 3, 4 year schools in Oregon, opportunities for advanced degrees and nursing research, the cumulative Nursing Index
Do - Counts rate by using method of squares on EKG strip
Do - Reading: Ross Lab - Erythroblastosis Fetalis
Do - Report in Class: Surgical Procedure, Blalolock - Taussig, Potts operation, hypothermia, Heart-lung machine, Lo-sodium diet and formula for children
Do - Counts rate from six second heart rhythm strip
Do - Submit tally kept by another person showing how you fulfilled the responsibiliites of conference leader
Do - Transcribe doctors orders for: a new admission, post-operative
Do - In groups of 3 or 4 identify the nursing goals for a selected clinical case study. Make a plan of care for the pt. to implement these goals and share them with the class
Do - Students research sociological views of aging in other societies
Do - Plan a day's menu for a pt. with uremia. State major nutritional factors
Do evaluation of acid-base status on a pt. Show: cause or imbalance, lab and clinical data, nursing intervention

Applies Old Concepts Correct

AIDE LEVEL

Write classic signs of hydrocephalus
Write 5 basic human needs as outlined in Kron
Write comparison of signs and symptoms of Down's syndrome and Cretins

Say - Consult with instructor and/or staff at least two days before workshop date
Say - Report information on neuromuscular disorders to class
Say - Determine from patient length of time wearing the pad (postpartum hemorrhage)

Do - Read: Programmed instruction on ward management
Do - Provide distraction when appropriate
Do - Hold hands with mother in labor room for "support"
Do - Expect difference among individuals, both physically and psychologically in response to illness, confinement and therapies to be administered
Do - Present chapstick or comparable to client in labor room
Do - Review video tape immediately following taping of interaction skills

LPN LEVEL

Write - Diagram conservation of sodium bicarbonate & excretion of H+ by tubular cell. Show two buffers

Judges IPC Sensitive

AIDE LEVEL

Do - Video tape a 5-10 minute interaction with a peer or patient

LPN LEVEL

Say - Describe words and manners that verify to instructor that you are able to deal with pt. and family factually and free from bias

RN LEVEL

Write summary of contract conditions met and those to be resolved in evaluating family contacts

Project Count Correct

AIDE LEVEL

Does count of behaviors to be changed in the Is Plan in a Before, During and After phase

LPN LEVEL

Do - Chart pinpointed behavior frequency data on daily behavior charts

Makes Effective Nursing Intervention

LPN LEVEL

Do - Place note on your mother's pre-admit chart requesting to be called

APPENDIX 4.14

Course Behaviors Which Appeared Under But were not Unique to Program Product Behaviors:

"Applies New or Old Concepts in a New Way Correct"

"Applies Old Concepts Correct"

"Judges IPC Sensitive"

"Teaches Patient Correct"

Applies Old Concepts Correct

AIDE LEVEL

Write classic signs of hydrocephalus
Write 5 basic human needs as outlined in Kron
Write comparison of signs and symptoms of Down's Syndrome and Cretins

Say - Determine from patient length of time wearing the pad (postpartum hemorrhage)
Say - Consult with instructor and/or staff at least two days before workshop day
Say - Report information on neuromuscular disorders to class
Say - Explain enema procedure and rationale to client

Do - Review video tape immediately following taping
Do - Present chapstick or comparable to client in labor room
Do - Hold hands with mother for "support"
Do - Expect difference among individuals, both physically and psychologically in response to illness, confinement and therapies to be administered
Do - Provide distraction when appropriate
Do - Accelerate: Use IPR skills sensitively
Do - Read: Programmed instruction on ward management
Do - Provide sensory input
Do - Incorporates essential actions for personalization safety, and efficiency while assisting a person out of bed
Do - Assist a team member in giving direct care
Do - Time the duration and frequency of contractions
Do - Provide perineal care: wash hands, remove soiled pad from front to back, wipe vulva from front to back

LPN LEVEL

Write nursing actions essential to effectively give IPPB therapy. Under each concept list actions in relation to the before, during, after phase of therapy
Write discussion of the symptoms, medical and surgical treatment of a baby with pyloric stenosis
Write 8 nursing actions essential to safe administration of oxygen therapy
Write - Chart procedure for bladder irrigation
Write 12 nursing actions relative to preparing a patient for tracheostomy. Label each action using concepts of: teaching, personalization, legal, comfort
Write at least two nursing actions relevant to each goal of medical therapy for acute pancreatitis
Write list of physiological, psychosocial problems observed in Dialysis and show nursing intervention P.E.'s. Include those done by Hospital staff and additional which may be desirable
Write - Diagram conservation of sodium bicarbonate and excretion of H+ by tubular cell. Show two buffers

Say - Discuss: Beriberi, Pellagre, Scurvy, Rickets - symptoms, in terms of vitamin deficiency, food sources for therapy or prevention
Say - Discuss in class: differences and similarity of glomenulo nephritis, pyelonephritis, two diseases - progression, prevention

Do - Attend tour to Holliday Center for Handicapped Children. Evaluate in terms of child's disabilty, for tools used in teaching child.

Do - Identify evidence of disuse syndrome in a variety of patients
Does reading and reporting of C.V.P. Measurement
Do - Makes objective, pertinent observations concerning the patient prior to and following a diagnostic test
Does selection and uses reliable sources of information to adequately and safely prepare a pt. for a diagnostic test and obtain a speciment for a diagnostic test
Do - Teaches mother to bath baby
Do - Appropriately act on observations made prior to and after a diagnostic test
Do - Patients with irreversible conditions are to be chosen for nursing care
Does selection and uses reliable sources to obtain information as to the meaning and significance of diagnostic test findings before planning or implementing patient care
Do - Specify kind and what scrub to do for delivery
Do - Locate and count FHT
Do - Provide opthalmic prophylaxis: check formidication used, thoroughly wipe area around eyes, open eye with fingers of one hand, drop medication on inside of lower lid with other hand, irrigate if procedure
Do - Follow hospital procedure for surgical scrubbing of hands

RN LEVEL

Write - Discuss the effect of Cystic Fibrosis on the family life
Write brief description of 6 of the pathophysiological manifestations of uremia. State 4 nursing actions for each problem identified above
Write an Is-Plan detailing 8 management problems of a pt.with severe burns

Say - Discuss in class dietary intervention in renal disease
Say - Discuss in class: physical manifestations of uremia - bun, acidosis, sodium regulation, Ca. Phos. regulation, bone disease, anemia, hypertension, neuropathy, bleeding defect, pericarditis
Say - Discuss the nurses' role in disuse syndrome and sensory deprivation: atrophy of skeletal muscles, joint contracture, metabolic disturbances, circulatory distrubances, sphincter distrubances, psychological deterioration
Say - Discuss in class: other causes of end stage renal disease - shock, poison, hemalysis, polycystic kidney

Does venipuncture using intracath safely
Does set up of C.V.P. apparatus

Judges IPC Sensitive

AIDE LEVEL

Write 20 actions plus equipment essential to shaving
Write 15 behaviors used in bandaging application of binders and A.E. hose relative to the concepts of safety, comfort, asepsis, therapeutic effect
Write Is-Plan to effect a change in a patient behavior
Write a care plan for patients selected in clinical setting, identifying scientific rationale for nursing intervention
Write a log of your feelings, impressions, and thoughts each clinical day for your five weeks of clinical psych experience

Say - Explain procedure to patient prior to giving perineal care post partum
Say - After reviewing a video tape of a 5-10 minute interaction with a peer or patient, discuss the process of interaction in presence of instructor or peer who has passed competency
Say findings from safety assessment to a group conference for evaluation
Say - Discuss each pt. and family only with qualified personnel specifically involved in the pt. care and for the purpose of seeking or giving information beneficial to the patient
Say and describe 4 actions necessary for safe application of restraints
Say - Instruct mother how to keep breast tissue away from infant's nose, change position of infant's head, press breast tissue away from infant's nose
Say - Consult with an appropriate person to report signs of urinary retention
Say - Inform mother and/or father of progress in labor
Say the various methods available and used by physicians in diagnosis: normal values for blood and urine measures
Say - Report signs of distention to the appropriate person
Say the actions required for tub and shower bath
Say - Inform the appropriate person when unable to perform a prescribed test or therapy
Say the criteria for evaluation of correct body alignment in both the sitting and standing positions
Says the characteristics of efficiency
Say - Encourage use of mouthwash, offer chapstick or comparable in labor room
Say - Consults with instructor and/or head nurse or the team leader before implementation of Is Plan to effect a therapeutic measure
Say - Discuss "Is Plan" with instructor before implementing
Say - Tells the pt. and family whenever confidential information mst be shared, with whom and for what reason
Say - Instruct patient regarding usual color, amount, and when lochia will cease (postpartum)
Say - Explain procedure of vaginal and rectal exam to patient
Say - Commend mother on her achievements during labor and delivery
Say - Report discomfort or distention of bladder
Say - Encourage voiding as soon as possible after delivery
Say - Discuss Is-Did Plan with instructor and/or staff before implementing plan
Say - Instruct mother regarding feeding schedule: 1st day - 5 minutes each feeding, 2nd day - 7 minutes, 3rd day - 10 minutes. Alternate breast - feed every 2-5 hours empty one breast before moving to other, using breast first which used last the period before
Say - Teach removing infant: mother inserts her little finger between the infant's gums, squeeze infant's cheeks together or pull infant's chin down
Say - Instruct patient how to sit (episiotomy)

Say - Arrange with instructor by the end of the 7th week if you plan to complete Nursing 209a after 9th week
Say - Make and report pertinent objective observations before, during and after a diagnostic test on a patient
Say - Discuss practicing behavior that increases sharing in another person's experience of grief and/or dying
Say - Instruct mother to touch her nipple to infant's mouth and cheek
Say - Report abnormalities in vital signs
Say - Report immediately if fundus is not firm
Say modifications for male cath care

Do - Accompany to shower the first time in postpartum - show signal light
Do - Maintains personal dignity of patient (i.e. hygiene, alignment, grooming, preferred clothing)
Do - Apply ice bag to patient
Do - Show mother how to use a breast shield, warm wash cloth, or pump
Do - Invites sharing of feelings, thoughts, concerns with patients
Do - Incorporate "trust" into all nursing actions when dealing with pediatric patients
Do - Sit client up, screen and leave alone, force fluids, turn on water faucet, warm water over vulva, blow bubbles through straw to encourage voiding
Do - Restore room to order and make patient comfortable
Do - Promote rest and relaxation in patient's experiencing pain to facilitate analgesia
Do - Support patient by regular contact to facilitate analgesia
Do - Makes regular visits to patients
Do - Reduce anxiety in patients experiencing pain
Do - Demonstrate skill in performing specific nursing procedures that promote maximum functioning in patients who have experienced a neurological impairment
Do - Assess behaviors indicating pain
Do - Assist her to turn or sit up as she desires with the assistance of side rails
Do - Share own feeling of grief and loss with others
Do - Ambulate as soon as possible
Do - Present wet wash cloth to client in labor room
Do - Press flat of hand on small of back during contraction if requested
Do - Take vital signs, TPR, BP
Do - Observe and palpate abdomen for distension
Do - Assist onto delivery table, assess if help is needed, lock wheels of delivery table, position so buttocks are at point where table "breaks", hold stretcher or bed firmly against table, put leggings on
Do - Give perineal care: sitz bath, heat lamp, evaluate episiotomy in an obstetrical setting
Do - Perform passive leg and foot exercises and require increase active participation by pt
Do - Incorporate actions essential to personalization, safety, comfort, efficiency and observation in placing a person in good alignment in a prone position
Do - Incorporate actions to effect the following concepts in each patient interaction: safety, personalization, teaching, therapeutic, efficiency
Do - Notify the family when the pt. returns to his room after surgery and include the family in all possible pt. related activities
Do - Instruct pt. in behaviors to promote regularity and adequacy in elimination to include: adequacy of fluids, responses to urges, foods that provide roughage or bulk
Do - Gives hair care to a person in bed
Do - Explain and validate the understanding of pt. and family as to the rationale for use and pt. benefit from any restraining devise

Do - Maintain eye contact with patient during a 10 minute conversational episode
Do - Time contraction: place hand lightly on mother's abdomen, interval (frequency): from beginning of one to the beginning of next
Do - Shaves a male friend or family member
Do - Touches patient, if appropriate, to communicate willingness to share experience of grief and/or dying
Do - Identify in a patient this week a possibility for student decision. Share findings in clinical
Do - Ensure the safety of the pts. valuables by sending to the safe, giving to the family, or locking in a drawer at the desk
Do - Adapts bedmaking over a footboard (2 min)
Do - Makes an occupied bed in 10 minutes
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation to place a person in good alignment in Orthopneic position
Do - Gives nail care to a person in bed
Does application of scultetuc binder using concepts of safety, comfort, asepsis and therapeutic effect
Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person into and out of a chair
Do - Massage Fundus
Do - Measure height of fundus
Does preparation of equipment and demonstration of the administration of an enema
Does application of Ace bandage to leg demonstrating circular and spiral turns using concepts of safety, comfort, asepsis, and therapeutic effect
Does application of A.E. hose using concepts of safety, comfort, asepsis and therapeutic effect
Do - Inform the family how they will receive information about the patient
Do - Inform the appropriate people where the family is waiting while the pt. is in surgery
Do - Locates and counts the apical pulse in 75 sec.
Do - Gives a backrub following the adult bath
Do - Direct or guide the family to a comfortable waiting area while the pt. is in surgery
Do - Applies clove hitch, jacket and elbow restraints properly incorporating actions for personalization
Do - Looks at the I.V. needle site q. 1 hour minimum to identify signs of tissue sensitivity on fluid infiltration at the site or approximate to the I.V. needle
Do - Videotape a 5-10 min. interaction with a peer or pt.
Do - Assist patients to maintain bowel regularity by: providing privacy, place in most natural position allowable, respond to call for elimination receptacle promptly
Do - Ensures that a prescribed therapy or test is performed on time (within the limits of your control) when referred to another person
Do - Drape client
Do - Safely carries and holds an infant
Does assistance for pt. discharge by: assembling and packing belongings, ensure all possessions are there, arrange for transportation, ensure the pt. and family have adequate information concerning continuity of therapy, allowed activities, future visits to physician, obtain and give adequate information to pt. and family to reduce unnecessary trips, ensure that the pt. and his possessions are safely conveyed
Do - Cleanse vulva and perineal area
Do - Bath a baby in 10 minutes
Do - Bath an adult in bed in 20 minutes

Do - Demonstrate how to remove, insert and clean a denture
Do - Assist another person with oral hygiene when that person needs special mouth care with lemon and glycerine
Do - Gives passive range of motion exercises to one arm and leg in 5 min
Do - Sets up the equipment for a person in bed to shave with a safety razor
Do umbilical care of baby
Do care of penis of baby
Do evaluation of pt. urinary output as to amount and feeling of fullness after voiding
Do - Make effective nursing intervention to relieve distension if it occurs; return flow enemas, rectal tubes, suppositories
Do - Maintain the patient in functional positions of correct alignment that allows for maximum ventilation and is comfortable
Do - Maintain the integrity of the patients skin and mucous membranes. Include: look at all areas dialy for redness, pallor, breaks, keep skin clean and dry, lubricate dry skin, massage around bony prominences, reddened, pale or tender areas, perform or make available oral hygiene
Do - Chage pt. to allowable positions every 2 hours
Do - Maintain the patients allowable amount of activity including range of motion of all joints
Do - Prepares and places a thermometer for a axillary temperature
Do - Position a person for rectal temp
Do - Takes temepratures with a mercury (1) and then electronic thermometer
Do - Incorporates taking pulse, respirations and temperature including describing characteristics of each
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation in placing a person in good alignment in a supine position
Do - Ensure adequate deep-breathing and coughing (if appropriate) every 2-4 hours dependent on activity status
Does initiation of treatment for respiratory arrest: a) examines oral cavity for vomitus, b) hyperextends neck, c) inserts oral airway, d) administers slow, evenly spaced breaths into lungs
Do - Measure pulse, respiration, and blood pressure
Do - Validates the mutual understanding of information given and/or received during an interaction with another person for 5-10 minutes
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation to place a person in good alignment in a Fowler's position
Do - Implement Is-Plan using successive or combined P, PE's, A & AE's until aim is reached
Do catheter care
Do perineal care
Do - Incorporate "personalization" into all nursing actons
Do - Accelrate: Teaches
Do - Check temperature of infant: wipe off storage solution, shake thermometer, turn infant on side and immobilize, insert lubricated thermometer into anus about one inch, watch mercury until stops rising (about 1 min)
Do - Control patients' environment by decreasing all threatening stimuli
Do - Check infant's weight
Do - Wash hands, use clean wash cloth, use circular motion starting at the nipple and working out in doing breast care
Do - Eliminate excessive demands on patient
Do - Remain silent with selected patient for 5 minutes
Do - Assist into dorsal recumbent position
Do - Invites sharing of information among all members of health team and patient and family
Do - Visit assigned patients the day prior to clinical experience. Assess needs of patient

Do - Cleans circumcision on infant: apply petroleum jelly to the dressing to remove, cleanse with water or lotion, clean labia from front to back
Do - Each student interview a variety of allied health workers (min. 3) have each one interviewed define their role on the health team and how they see the role of the nurse
Do - Recognizes the limitations of his/her knowledge and abilities in nursing and seeks assistance from appropriate sources as needed
Do - Assist doctor or nurse with vaginal exam and rectal exam
Do - Care for a patient with visual impairment
Do - Present bedpan
Do - Show mother how to grasp breast behind areolia to "point it up"
Do - Use an emery board to file nails to desired length
Do - Two students interview a person who has had a stapedectomy and report to class
Do - Teach at least one person the correct technique for nose blowing
Do - Observe self and count: a) times you participate as team member and b) times you do not participate as team member
Do - Facilitates taking care of business (legal, family, financial)
Do - Observe lochia for amount, color and odor
Do - Students will do patient assignments in a variety of clinical settings
Do - Check femoral pulse of pt. during physical exam

LPN LEVEL

Write - Record observations and mother's response to post-partum care and teaching
Write plan of postpartum care, prioritize client's needs
Write the responsibilities of the interviewer
Write 10 nursing behaviors used in reapplying a cement on ostomy bag relative to the concepts of safety, comfort, effectiveness, & observation
Write your approach and theoretical framework which you developed in dealing with a patient for one week
Write 2 nursing actions (stated positively, sensitively) you would take if a peer asked you to give a medication she has already poured
Write - Record observation and care in relieving breast engorgement
Write - Choose proper toys for 5-6 year old child with eczema considering physical, intellectual and social development
Write toys and plan therapy appropriate to a child at: 2 month, 6 month, 1 year, 2-3 year
Write an Is-Did plan to effect a change in a pinpointed behavior of your assigned patient
Write - From your log, identify those behaviors which infer anxiety in yourself
Write actions when giving douche which demonstrate application of: asepsis, comfort, safety, effectivenss, teaching
Write nursing action for a hemophilia patient who comes to the hospital with a swollen painful knee. What Rx might you expect?
Write - Choose proper toys for child 2-3 years old in a double hip spica cast considering child's physical, intellectual and social development
Write steps in sequence for performing gavage. Label each step
Write nursing actions required to care for patient with tracheostomy relative to: teaching of patient, principles of asepsis, physiological considerations underlying cuff inflation and deflation, methods of relieving the patient's anxieties
Write statement of rationale for using hypothermia blanket in certain pathological cases: when indicated, preparation of patient, safety precautions, desired therapeutic effect, priority of nursing observations
Write - Patients with emphysema usually have a severe ventillation handicap. Describe in detail the abdominal and pursed lip breathing techniques you would teach him

Write - Describe how you will encourage a person to increase fluid intake and what to monitor in order to determine an adequate intake (patient with emphysema)

Say to patient's doctor your plan to follow the patient
Say - Explain procedure for observing lochia
Say - Involve client in developing plan of care in labor
Say - Discuss child and parents reaction to hospitalization and measures to alleviate anxiety
Say rationale for selecting family to clinical instructor. Establish consensus
Say - Suggest Sims's position as a comfort measure to a patient in labor
Say - Discuss nursing actions that facilitate analgesia
Say - Be prepared to respond to questions by mother or instructor related to: eye function and color; milia; coolness of extremities; cord; red rash; vernix caseosa; mongolian spots; reflexes, moro, rooting, sucking, step, grasp, sleep, cry, sneeze-in newborn
Say - Instruct client in proper method of washing breasts while performing it
Say - Instruct father regarding sacral pressure during contraction
Say - Student presentation on: Thiazide Diuretic, Mercurial Diuretic, Asmatic Diuretic
Say - Involve client in developing care plan for a postpartum patient
Say - Ask client if there has been recent change in condition of their warts or moles
Say - Explain purpose of procedure to client in treating engorgement of breasts
Say - Discuss pro's and con's of breast and bottle feeding
Say - Commend prospective parents on their progress
Say - Coach breathing according to prenatal instruction or hospital procedure
Say - Explain importance of frequent urination
Say - Encourage father to participate in any care possible in labor room
Say - Encourage appropriate breathing patterns
Say - Teaching regarding: douching, intercourse, rest, diet, activity, bathing, check-up
Say - Show handles on delivery table and explain purpose
Say - Emphasize importance of regular breast feeding during first two days (Colostrum)
Say - Inform mother that baby might not suck well at first
Say - During review of video tape: explore feelings experienced during taping, discuss body language seen on tape, discuss process of interaction in presence of instructor or peer who has passed this competency
Say - Rehabilitation of patient with liver disease
Say - Explain exercises and rationale: lying on abdomen, lying on back and raising and lowering head, contracting and relaxing perineal muscles, strainght leg raising, knee chest. Ask for return demonstration
Say actions which indicate understanding of concepts related to ear medications
Say - Debate pro's and con's of rooming in vs. traditional Newborn visitation
Say - Discuss causes and Rx for anemia, obesity, colic in small infants
Say - During review of video tape: explore feelings experienced during taping, discuss body language seen on tape
Say - Discuss: symptoms indicating a bowel obstruction
Say nursing actions related to doing bladder irrigation for the following concepts: safety, asepsis, teaching, personalization
Say - Discuss in class: Use of Sengstaken tube for bleeding esophageal varices: procedure for insertion, nursing observations of the patient, nursing actions
Say - Explain procedure for perineal prep and rationale to client
Say - Discuss in class: secretory function of the liver

Say - Instruct how to awaken a sleepy infant, unwrap blanket, sit infant up, gently rub back, tickle bottom of feet
Say - Instruct to bend knees up and place feet on bed when checking fundus
Say - Teach mother childbirth exercises and process
Says - Makes presentations with overhead milars to include: factors causing illness, factors in pts. life contributing to illness, pinpointed behaviors that indicate pt. response to situation, signs and simptoms present, whether these signs and symptoms would be evident in all persons with this illness
Say - a) 5 uses of vaginal irrigations, b) verbalize actions related to: safety, personalization, teaching while doing douche
Say - Teach mother regarding baby care, sexual activity, exercise, relaxation in postpartum care
Say - Restate or paraphrase to validate family and pts. perceptions of the understanding of various tests and therapy
Say the concept being applied in relation to any action used to perform range of motion
Say - Clarify or have the appropriate person clarify for the pt. and family any misunderstandings they have regarding tests and therapy administered
Say the type of barrier technique being applied for each application of asepsis noted in a clinical observation
Say the concept being applied for any action being performed in bath and back rub
Say the concept being applied for any action while positioning a person
Say the common clinical states or conditions that cause or could be potential causes of a fluid and electrolyte imbalance
Say - Teach pregnant mother nutritional aspects relevant to maintaining homeostasis of mother and fetus throughout pregnancy
Say - Teach patient during demonstration of IPPB therapy

Do - Teach a patient and/or family components of bland, low fat, non-alcoholic diet
Do - Care for a patient who is being treated medically or surgically for a digestive disorder. Write an Is-Plan developing patient teaching for a pinpointed nutritional problem
Do - Remove a fecal impaction
Do - Role play instruction of a patient on Sippy regimen
Do - Administer an antacid to a patient
Do - Administer an anticholinergic drug to a pt. Observe for side effects
Do - Teach a patient (or classmate) the correct crutch walking technique
Do - Teach patient and/or family, foods allowed on soft, 0.5 gm. sodium 40 gm. protein diet
Do - Prepare and instil one drop sterile n.s. into eye of partner
Do - Accompany the patient to his room and administer immediate and progressive post-operative care: vital signs, activity, dressings, drains, I.V.'s; ensure adequate ventilation, effective deep breathing and coughing unless contraindicated
Do - Set up automatic hypothermia machine to maintain temperature of a peer at 36 c.
Do - Pinpoint behaviors relevant to client's well-being. The counts are to be charted by client
Do - Catherize a female pt. (male students catheterize male patient)
Do - Administer vaginal douche
Do - Assist patient with Sitz bath
Do - Teach client to use Is Plan and chart to change behavior in direction of wellness
Do - Observe abnormal rhythm of heart
Do - Improvise health care tools from household items

Do - Administer an oral hypoglycemic agent to a patient
Do - Position classmate for drainage of uppoer, middle and lower lobes. Demonstrate clappying technique
Do - Role play including emergency action taken for following accidents with toddler: aspirin ingestion, hot coffee pulled over on toddler, foreign body in ear, fall down stairs
Do - Incorporate "play therapy" into nursing actions when dealing with pediatric patients
Do - Observe or do an IPPB treatment. Adjust machine for correct rate, pressure and volume to produce desired therapeutic effect. Observe correct delivery of inhalent for correct length of time
Do - Teach a person with emphysema (or a classmate) to effectively use muscles of respiration and accessory muscles of respiration and pursed lips
Do - Collect a sputum specimen paying attention to concepts of asepsis, comfort, personalization and teaching
Do - Two students role play for class, diet instruction for a patient with gout
Do - Three students demonstrate turning the patient and assisting the patient out of bed following total hip replacement
Do - Two students demonstrate correct method of instilling ear drops
Do - Perform oropharyngeal suction on a selected patient paying attention to concepts of safety, comfort, personalization and teaching
Do - Evaluate husband's mental state and ability to work with wife during labor
Do - Prepare partner and equipment for instillation of nose drops
Do - Teach a woman the correct procedure for self-examination of her breasts
Do - Write drug cards on 2 drugs used to treat grand mal epilepsy. Administer anti-convulsive medication to patient
Do - Care for a patient requiring N.G. suction OR describe precisely in a clinical conference the procedure for irrigation of an N.G tube
Do - Care for a patient who is having x-ray exam concerning malfunction of digestion or elimination such as: upper GI tract, Lower GI, cholecystogram, gastric flouroscopy
Do - Care for a pt. with a colostomy, requiring an irrigation or teaching relative to this procedure
Do care for a selected patient with upper respiratory infection or participate in identifying nursing goals and make plan for care for the patient to implement these goals
Do - Apply heat to patient for relief of pain and inflammation of arthritis
Do - Administer insulin to a patient
Do - Apply eye dressings
Do - Make sure infant draws most of areola into his mouth
Do - Incorporate "therapeutic" into all nursing actions
Do - Incorporate "parent participation" into all nursing actions with pediatric patients when appropriate
Do - Decelerate: Uses IPR skills insensitively
Do - Prepare partner and equipment for ear drops
Do - Perineal prep: assist into dorsal recumbent position, use fresh razor blade, use soapsuds liberally, have good light, hold skin taut, front to back, dry cotton ball in vaginal orifice turn to Sims's position to Sims's position to shave anal area
Do - Incorporate "teaching" into all nursing actions
Do - Care for a patient with a liver disorder
Do - Demonstrate techniques of breathing if client seems to be out of control
Do - Demonstrate accepted method for straightening canal for adult and child in administering ear drops
Do - Review and revise Nursing Care Plans on your assigned pts. Validate-Include the following: aims or goals, delegated med. card, general pt. care, nursing care

Do insertion of in dwelling catheter on model. Demonstrate: personalization, teaching, asepsis, efficiency

Do - Increases opportunities for patient to participate in decisions concerning him/her

Do - Identify physiological aging processes in selected patients and their effects if any, on environmental adaption

Do - Grief - identify stage of grief if present in patient, causes and means to assist infant or child who is grieving

Do - Identifies patient behaviors related to denial, anger, bargaining, depression and acceptance

Do - Follow procedure as you would in a hospital for administration of: Digoxin 0.2 mg (0) daily 9 am, Maalox ʒi (pc), p c & hs 9-1-6-9

Do - Perform cath care on model. Demonstrate concepts of: asepsis, comfort, personalization, teaching

Do - Instruct a team member in: a new skill, an L.O. skill

Do administration of 0 to a partner using: face mask, nasal canula, nasal catheter

Do - Using an insulin syringe, prepare and administer to a partner "20 U. Reg Insulin" subcutaneously. (Use bottle of N.S. marked "u 40 Reg Insulin")

Do - Administer medications to a pediatric patient

Do - Insert a #12 Levine tube on a partner. Attach to suction

Do - Interview two mothers concerning their child's diet for the first year of life. Evaluate in terms of: adequacy of nutrition, growth and development, and allergy. If inadequate, define changes needed and why

Do - Demonstrate position for postural drainage & clappying for C.F.

Do - Prepare patient & equipment for bladder irrigation or instillation as if you were doing irrigation

Do - During the video tape, practice the use of attending behaviors: relaxed comfortable position, initiate and maintain eye contact, take cues from peer or patient, develop areas of discussion

Do - Maintain regular analgesia, especially narcotic schedule with patients experiencing intractable pain

Do - Gives feedback to patients, checks perception, validates, asks open ended questions, reflects, paraphrases, summarizes in demonstration of communication skills that project clarity and helpfulness

Do - Assess the safety needs of a confined person in his immediate enviornment to include sensory stimuli

Do - Assess two children of different age group, using developmental progress tools to evaluate motor skills, communication skills and self sufficiency skills

Do - Evaluate breasts relative to engorgement, cracks, fissures of nipple, colostrum, milk

Does removal of monitoring electrodes from patient (cardiac)

Does activation of cardiac monitoring system

Does application of minitor electrodes in cardiac patient

Do - Arrange to accompany and care for mother during labor delivery and postpartum

Do - Accompany the pt. to surgery and observe his surgical procedure

Do - Measures blood pressure

Does selection and uses reliable sources of information to determine the most effective way to administer each therapy in relation to the nurse's responsibiliites

Do - Explain reasons for dietary restrictions if not understood by the patient or his family

Does assessment of each pts. fluid and nutritional status each day before implementing a plan of care to include: amount and balance of 24 hr. I & 0 fluids, food intake for 24 hrs. and loses of bowel elimination and characteristics, changes in mentation, muscle tone, tissue turgor, respiration rate, weight gain or loss, state of oral mucous membranes

Does application and rotation of tournequets in the correct manner

Do - Teach the patient to perform and participate in all of the activities whenever he is able and it is allowable for his condition to reduce or prevent the hazards that result in immobility and confinement

Do - Demonstrate respect for each individual's right to choose and live his own life style by: giving valid information related to illness/cause and effects to the pt. and/or his family in a manner that is factual and free from bias

Do nutritional assessment of mother and baby

Do - Teach the patient pre-operatively to deep breath, cough and do leg and foot exercises by: actual demonstration and have pt. return demonstration until performed correctly

Do - Inform the patient and his family of the usual expected events and activities that will occur pre- and post-operatively in relation to the specific type of surgery (excluding specific diagnostic or prognostic information)

Does pinpoint of behaviors exhibited by a pt. which infer anxiety and fear

Does initiation and/or implementation of Is Plan to alleviate or dispel an individual's feelings of Anxiety or fear

Does evaluation of the significance of the patient's diagnostic data as a part of planning each pts. care as to: variations from normal ranges, needs for specific nursing actions in care

Does demonstration of concepts of safety, comfort, asepsis, personalization, efficiency and economy as you change a surgical dressing on a model or peer

Does maintainence of asepsis and placement of the dressings on a patient. Look at the dressing daily or more frequently to determine the amount of drainage and appearance. Determine need for change and take appropriate action.

Do - Use cotton ball moistened with tap water to cleanse each eye. Wipe from inner to outer canthus

Do - Put on mask and give one to doctor or nurse in labor room

Do - Apply on classmate 3 types of traction: Bucks extension, Russels traction, emergency immobilization

Does wound care; observes whenever it is exposed for signs of swelling, redness, drainage, openings, bulges

Do - Apply concepts learned from viewing film "Nursing Actions for Pain" to maintain the pt. free from pain

Do - Care for a female patient with a disorder of her reproductive or mammary system

Do bladder irrigation

Do - Care for patient with an orthopedic condition

Do - Instill eye ointments

Do - Instill eye drops

Do - Perform IPPB using Bird or Bennet on a partner - demonstration of safety, comfort, personalization, efficiency, asepsis

Do - Remove excess solution or lubricant from perineal area

Do - Role play colostomy teaching for patient

Do - Assist with pelvic exam, incorporating pertinent nursing behaviors

Do - Care for a patient with continuous bladder irrigation OR discuss care of such a pt. in a clinical conference

RN LEVEL

Write leadership competencies of the ones you think would be logical choices for team leaders

Write 5 criteria for effective team nursing

Write child and/or Adult Health Survey References

Write commentary on significance of psychosocial and cultural aspects of family life
Write nursing care required for the patient with advanced carcinoma of the lung, relative to: surgical therapy, medical therapy, interacting with the pt. and his family
Write anecdotal notes on 2 team members: a) "competent" note, b) "needs improvement" note
Write - List population of Health teaching and 5 major concepts presented. Describe population for which you did health teaching and 5 major concepts presented
Write - Recognition of grief reactions are to be included in all Is-Dids with arranged events for helping the patient and/or family cope with their feelings
Write 10 open ended questions which will illicit information to determine if a patient may have a peptic ulcer
Write - Chart times and result of vaginal exam
Write 7 anecdotal notes to illustrate your competences in the techniques of team leadership: planned, organized, guided, cooperated, encouraged participation, coordinated, observed, evaluated
Write - Simulation: Assign the patients on a team to which you belong. Student is the T.L. All others you would assign except Head Nurse. Use as a guide. Show rationale for your assignments
Write Adult Health Survey information, references

Say the identification of a variety of heart rhythms
Say - Discuss in class: Atrial septal defects, Patent Dustus Arteriosis, Tetrology of Fall, Hemodynamics, Diagnosis, Complication, Nursing Management
Say - Answer orally the following questions: How can team nursing be practiced 24 hr/day? What methods can be used to keep conferences pt. centered? Should personal/confidential information be shared during conference?
Say - Each student relate their adjustment to aging from information gathered in an interview with an elderly person to one psycho-social theory discussed
Say the meaning of hyperalimentation and the nurse's primary related responsibilities
Say - Refer family to appropriate agencies, health professionals for any necessary ongoing and follow-up needs
Say - Give examples of: a) how the hospital setting does or does not contribute to fulfillment of basic needs for belonging, recognition, security, personal growth, b) how the case and functional methods differ from team method
Say - Discuss: infection control, respiratory therapy, enzymes, nutrition, family teaching, as relates to Cystic Fibrosis
Say - Teach pregnant mother health maintenance and disease prevention
Say - Report on Oregon's Program for S.I.D.S.
Say - Share researched material on community health with class
Say - Discuss own competencies with instructor after two weeks in long term community experience
Say - Review original contract with family (family seminar) to evaluate experience
Say to class evaluation of referral of client to other health agency
Say - Discuss in class: endocrine dysfunction - definition, classification, action, interaction, control - pituitary, Nsg. feedback
Say - Conduct team conference related to: a) pt. care, b) topic
Say - Discuss in class: Distal Tubule, Secretion - ION Exchange, Buffers, Aldosterone, Macula Densa, Renal Hypertension, Renin-Angiotensin
Say - Check bowel function
Say - Give shift report when T.L. Include: room number, name, diagnosis, Dr. name, Relevant facts essential to care, significant matters affecting pt. welfare

Say - Present to the class one of the following: functional mental disorders including nsg. care implications, organic mental disorders including nsg. care implications; full range of therapies utilized to treat "mental illness" including nsg. care implications
Say - Instruct mother why it is important that infant draw most of areola into his mouth: include physical and emotional effects on mother and baby

Do - Care for a selected patient with gastro-enteritis or participate in identifying nursing goals and make a plan of care for the patient to implement these goals. Include diet therapy and rationale for each stage of illness and related nursing actions
Do - Accelerate: Uses leadership skills
Do - Relate to your pt. for one week in a theoretical framework which you have developed or in which you have interrelated various theories
Do - Validate your behaviors as a team member for the following: Dependability, Cooperation, Responsibility
Do - Conduct patient-staff-student workshop
Do - Make or participate in making assignments for you team each day as T.L.
Do - Lead or plan team conferences each day as T.L.
Do - Lead a nursing team. Include: Giving report, making pt. rounds, Dr. rounds, making assignments, leading team conferences, Evaluation personnel, Evaluation pt. care, teaching
Do - Participate in evaluation as T.L. with RN on ward. Use printed form and behavior charts
Do - Observe LPN's for leadership qualities
Does isolation of femoral artery and simulates an arterial stick: explains procedure to pt., prepares all equipment, isolates femoral artery, prepares skin for penetration
Do - Interpret findings and use of test to patient
Does identification of the problem and pinpoints the behaviors that indicate a patient's need for a nurse initiated therapy
Do - Make postpartum visit to family
Do - Terminate relationship with family
Do - Choose a framework such as Freudian, operant, Gestalt, transactional analysis, etc. and using your choice to the exclusion of all others, relate to a patient for one week
Does explanation of rhythm to patient (cardiac)
Do - Care for a patient with a disorder of neural regulation. Write Is-Plan
Do - Interview a person who has had cataract surgery to discover his expectations for the surgery and the present reality of results
Do - Prepare a patient for one or more liver function studies: physical preparation, psychological preparation, interpretation of test and results
Do - Plan a gluten free diet for an 18 month old child containing 6 Gm of protein per kilogram of body weight for one day
Do - Administer only those drugs in the community for which you have done prior preparation
Do - Guids 10 clients in obtaining help from various agencies for the adjustment of psychosocial, environmental or physical conditions which effect health
Do health teaching x10 according to the client's needs and level of understanding. Obtain feedback x3
Do - Determine normal breath sounds during patient's physical exam
Do - Measure visual acuity during patient's physical exam
Do - Visualize patient's tonsils during physical exam
Do - Determine assymetrical muscular strength in arm during patient physical exam
Do - Palpate carotid pulses during patient's physical exam

Do - Palpate patient's enlarged liver during physical exam

Do - Palpate patient's abdomen during physical exam

Do - Determine position of trachea on patient during physical exam

Do - Confirm absence of bowel sounds on a patient

Do - Make 5 short term visits to agencies of choice during community nursing experience

Do - Role play cranial assessment of patient

Does needle venipuncture

Do - Give care to a patient requiring oxygen. Observe therapeutic effect of therapy on pt. by means of physical and laboratory data. Maintain oxygen equipment in correct working order: water in humidifier at correct level, tubes free of kinks; well fitting appliance; correct flow rate

Do - Assess a patient for evidence of increased intracranial pressure

Do - Prepare a patient for one of the respiratory diagnostic procedures discussed in class

Do - Role play in class teaching of the diabetic patient with regards to: foot care, insulin administration, how to clinitest urine and interpret findings, how to recognize diabetic acidosis, symptoms of insulin reaction and prevention, life style adaptations

Do - Interview an elderly person of choice and develop an in-depth history

Do - Irrigate & teach patient self care of colostomy

Do - Teach at least one parent the importance of treatment of otitis media

Do - Role play instruction of patient to assist in living with therapeutic plan for peptic ulcers

Do - Examine varicosities of a patient

Do - Care for a patient with diabetes mellitis: Collect laboratory data showing status of diabetic patient; blood sugar, 2 hr. postprandial, glucose tolerance

Do - Check deep tendon reflexes

Do - Palpate thyroid gland

Do - Check gait: hopping, tandem walk, Romberg, associative movement during neurological physcial exams on patient

Do - Identify stasis dermatitis on a pt.

Do - Examine joint with decreased mobility

Do - Talk with three physicians concerning your nursing care plan for three community clients

Do - Visit selected patient at home to: establish contract, plan and provide care with family members, affirm independence of process & close contract

Do - Note presence of rhonchi during physical exam of chest

Do - Assess normal ocular movements during neurological exam of pt.

Do - Identify unequal pupils duirng neurological exam of pt.

Do - Note presence of wheezes during physical examination of patient

Do - Assess general condition of teeth during physical exam

Do - Note presence of ral during chest examination

Do - Determine mental status of the patient during neuro exam

Do - Teach at least one parent the signs and symptoms of "strep" sore throat and the importance of early detection and Rx

Do - Determine presence of peripheral edema

Do - Determine point of maximum impulse of heart by palpating chest

Do - Two long term community experiences according to choice

Do - Recognize pharnygitis during patient's physical exam

Do - Palpate enlarged lymph nodes

Teaches Patient Correct

AIDE LEVEL

Writes 30 actions in relation to personalization, comfort, legal, efficiency, safety, for admission of a patient into a hospital

Say - Instruct mother to touch her nipple to infant's mouth and cheek
Say - Instruct patient how to sit (episiotomy)
Say - Instruct mother regarding feeding schedule: 1st day: 5 minutes each feeding, 2nd day: 7 minutes, 3rd day: 10 minutes; Alternating breast - feed every 2-5 hours empty one breast before moving to other, using breast first which used last the period before
Say - Discuss Is-Did Plan with instructor and/or staff before implementing plan
Say - Encourage voiding as soon as possible after delivery
Say - Explain procedure of vaginal and rectal exam to patient
Say - Inform mother and/or father of progress in labor
Say - Instruct mother how to keep breast tissue away from infant's nose, change position of infant's head, press breast tissue away from infant's nose
Say and describe 4 actions necessary for safe application of restraints
Say - Explain procedure to patient prior to giving perineal care post partum
Say - After reviewing a videotape of a 5-10 minute interaction with a peer or patient, discuss the process of interaction in presence of instructor or peer who has passed competency
Say actions required to obtain a clean catch urine specimen from a patient

Do - Accompany to shower the first time in postpartum - show signal light
Do - Present bedpan
Do - Show mother how to grasp breast behind areolia to "point it up"
Do - Teach at least one person the correct technique for nose blowing
Do - Observe self and count: a) times you participate as team member; b) times you do not participate as team member
Do - Facilitates taking care of business (legal, family, financial)
Do - Observe lochia for amount, color and odor
Do - Students will do patient assignments in a variety of clinical settings
Do - Care for a patient with visual impairment
Do - Assist doctor or nurse with vaginal exam and rectal exam
Do - Assist into dorsal recumbent position
Do - Eliminate excessive demonds on patient
Do - Wash hands, use clean wash cloth, use circular motion starting at the nipple and working out in doing breast care
Do - Control patients' environment by decreasing all threatening stimuli
Do - Check temperature of infant: wipe off storage solution, shake thermometer, turn infant on side and immobilize, insert lubricated thermometer into anus about 1 inch, watch mercury until stops rising (about 1 min)
Do - Accerlate: Teaches
Do perineal care
Do catheter care
Do - Implement Is-Plan using successive or combined P, PE's, A & AE's until aim is reached
Do - Incorporates actions essential to personalization safety, comfort, efficiency and observation to place a person in good alignment in a Fowlers position
Do - Ensure adequate deep-breathing and coughing (if appropriate) every 2-4 hours dependent on activity status
Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation in placing a person in good alignment in a supine position

Do - Incorporates taking pulse, respirations and temperature including describing characteristics of each

Do - Takes temperatures with a mercury (1) and then electronic thermometer

Do - Position a person for rectal temp

Do - Prepares and places a thermometer for a axillary temperature

Do - Maintain the patients allowable amount of activity including range of motion of all joints

Do - Maintain the integrity of the patients skin and mucous membranes. Include: Look at all areas daily for redness, pallor, breaks, keep skin clean and dry, lubricate dry skin, massage around bony prominences, reddened, pale or tender areas, perform or make available oral hygiene

Do - Change pt. to allowable positions every 2 hours

Do - Maintain the patient in functional positions of correct alignment that allows for maximum ventilation and is comfortable

Do - Makes effective nursing intervention to relieve distention if it occurs; return flow enemas, rectal tubes, suppositories

Does evaluation of pts. urinary output as to amount and feeling of fullness after voiding

Does assistance for pt. discharge by: assembling and packing belongings, ensure all possessions are there, arrange for transportation, ensure that pt. and family have adequate information concerning continuity of therapy, allowed activities, future visits to physician, obtain and give adequate information to pt. and family to reduce unnecessary trips, ensure that the pt. and his possessions are safely conveyed

Do - Assist patients to maintain bowel regularity by: providing privacy, place in most nature position allowable, respond to call for elimination receptacle promptly

Do - Applies clove hitch, jacket and elbow restraints properly incorporating actions for personalization

Does preparation of equipment and demonstration of the administration of an enema

Do - Measure height of fundus

Do - Massage Fundus

Do - Incorporates essential actions for personalization, safety and efficiency while assisting a person into and out of a chair

Do - Gives nail care to a person in bed

Do - Incorporates actions essential to personalization, safety, comfort, efficiency and observation to place a person in good alignment in Orthopneic position

Do - Shaves a male friend or family member

Do - Explain and validate the understanding of pt. and family as to the rationale for use and pt. benefit from any restraining devise

Do - Gives hair care to a person in bed

Do - Instruct pt. in behaviors to promote regularity and adequacy in elimination to include: adequacy of fluids, responses to urges, foods that provide roughage or bulk

Do - incorporate actions to effect the following concepts in each patient interaction: safety, personalization, teaching, therapeutic, efficiency

Do - Incorporate actions essential to personalization, safety, comfort, efficiency and observation in placing a person in good alignment in a prone position

Do - Perform passive leg and foot exercises and require increase active participation by pt.

Do - Give perineal care: sitz bath, heat lamp, evaluate episiotomy in an obstetrical setting

Do - Take vitals signs, T, P, R, BP

Do - Press flat of hand on small of back during contraction if requested
Do - Ambulate as soon as possible
Do -Assist her to turn or sit up as she desires with the assistance of side rails
Do - Demonstrate skill in performing specific nursing procedures that promote maximum functioning in patients who have experienced a neurological impairment
Do - Reduce anxiety in patients experiencing pain
Do - Show mother how to use a breast shield, warm wash cloth, or pump
Do - Apply ice bag to patient
Do - One student demonstrate to class correct handling and cleaning of contact lenses
Do - Assist onto delivery table, assess if help is needed, lock wheels of delivery table, position so buttocks are at point where table "breaks", hold stretcher or bed firmly against table, put leggings on

LPN LEVEL

Write plan of postpartum care, prioritize client's needs
Write - Record observation and care in relieving breast engorgement
Write an Is-Did plan to effect a change in a pinpointed behavior of your assigned patient
Write actions when giving douche which demonstrate application of: asepsis, comfort, safety, effectiveness, teaching
Write nursing action for a hemophilia patient who comes to the hospital with a swollen painful knee? What Rx might you expect?
Write steps in sequence for performing gavage. Label each step
Write statement of rationale for using hypothermia blanket in certain pathological states: when indicated, preparation of patient, safety precautions, desired therapeutic effect, priority of nursing observations
Write - Patients with emphysema usually have a severe ventillation handicap. Describe in detail the abdominal and pursed lip breathing technqiues you would teach him
Write - Describe nursing actions specific to a CVA patient as applied to the following concepts: rest and safety, positioning, nutrition, elimination
Write what symptoms would be present for a patient with a hiatus hernia. What teaching is essential to reduce symptoms
Write a description of discharge conference with parents following successful surgery
Write a plan to teach a child age 5 in preparation for a tonsillectomy
Write - Simulate problem oriented charting of your observations & intervention of your pts. behavior which inferred anxiety
Write - Simulate problem oriented charting of your observations & intervention of your pts. behavior which inferred fear
Write nursing actions required for patient with tracheostomy relative to: teaching of patient, principles of asepsis, physiological considerations underlying cuff inflation and deflation, methods of relieving the patient's anxieties

Say - Involve clinet in developing plan of care in labor
Say - Discuss child and parents reaction to hospitalization and measures to alleviate anxiety
Say - Suggest Sims's position as a comfort measure to a patient in labor
Say - Discuss nursing actions that facilitate analgesia
Say - Be prepared to respond to questions by mother or instructor related to: eye function and color, milia, coolness of extremities, cord, red rash, vernix caseosa, mongolian spots, reflexes, moro, rooting, sucking, step, grasp, sleep, cry, sneeze in newborn

Say - Instruct father regarding sacral pressure during contraction
Say - Instruct client in proper method of washing breasts while performing it
Say - Involve client in developing care plan for a postpartum patient
Say - Explain purpose of procedure to client in treating engorgement of breasts
Say - Discuss pro's and con's of breast & bottle feedings
Say - Commend prospective parents on their progress
Say - Coach breathing according to prenatal instruction or hospital procedure
Say - Explain importance of frequent urination
Say - Encourage father to participate in any care possible in labor room
Say - Encourage appropriate breathing patterns
Say - Teaching regarding: douching, intercourse, rest, diet, activity, bathing, check-up
Say - Show handles on delivery table and explain purpose
Say - Emphasize importance of regular breast feeding during first two days (Colostrum)
Say - Inform mother that baby might not suck well at first
Say - Rehabilitation of patient with liver disease
Say - Explain exercises and rationale: lying on abdomen, lying on back and raising and lowering head, contracting and relaxing perineal muscles, straight leg raising, knee chest. Ask for return demonstration
Say actions which indicate understanding of concepts related to ear medications
Say - Debate pro's and con's of rooming in vs. traditional N.B. visitation
Say - Discuss causes and Rx for anemia, obesity, colic in small infants
Say - Discuss in class: Use of Sengstaken tube for bleeding esophageal varices: procedure for insertion, nursing observations of the patient, nursing actions
Say - Explain procedure for perineal prep and rationale to client
Say - Instruct how to awaken a sleepy infant, unwrap blanket, sit infant up, gently rub back, tickle bottom of feet
Say - Instruct to bend knees up and place feet on bed when checking fundus
Say - Teach mother childbirth exercises and process
Say - Make presentations with overhead milars to include: factors causing illness, factors in pts. life contributing to illness, pinpointed behaviors that indicate pt. response to situation, signs and symptoms present, whether these signs and symptoms would be evident in all persons with this illness
Say - a) five uses of vaginal irrigations, b) verbalize actions related to: safety, personalization, teaching while doing douche
Say - Teach mother regarding baby care, sexual activity, exercise, relaxation in postpartum care
Say - Restate or paraphrase to validate family and pts. perceptions of the understanding of various tests and treatments and therapy
Say the concept being applied in relation to any action used to perform range of motion
Say - Clarify or have the appropriate person clarify for the pt. and family any misunderstandings they have regarding tests and therapy administered
Say the concept being applied for any action being performed in bath and back rub
Say the concept being applied for any action while positioning a person
Say - Teach patient during demonstration of IPPB therapy
Say - Teach pregnant mother nutritional aspects relevant to maintaining homeostasis of mother and fetus through out pregnancy
Say in class report the phsyiological and/or psychosocial conditions that may result from immobility. Include: definition of term, body sites affected, usual causitive factors, the nursing action(s) and frequency needed for prevention, consequences to the pt. if the condition develops
Say - a) 3 purposes of gastric intubation, b) observation (before, during, after), c) type asepsis used, d) pt. teaching
Say - Discuss Is-Plan with instructor and/or staff before implementing
Say to the instructor (or staff) and the patient those of the patient's behaviors that infer anxiety in him

Say - Coach breathing during labor
Say - Discuss the components of the nursing process, the use of assessment to identify patient's needs, nursing care plans as an assessment tool, Is-Plan
Say - Discuss education of the patient who has tuberculosis: rest and exercise, diet, drug therapy, prevention of spread of their disease
Say - Teach mother regarding breast feeding and/or care
Say - Teach mother postpartum self care
Say essential nursing care for a person with emphysema: fluids and nutrition, infection control, breathing exercises, bronchial hygiene, rest and exercise, family education

Do - Comute celerations from charts of your successful Is-Plan which you implemented after checking with the instructor
Do - Teach a person with emphysema (or a classmate) to effectively use muscles of respiration and accessory muscles of respiration and pursed lips
Do - Colelct a sputum specimen paying attention to concepts of asepsis, comfort,personalization and teaching
Do - Two students role play for class, diet instruction for a patient with gout
Do - Three students demonstrate turning the patient and assisting the patient out of bed following total hip replacement
Do - Two students demonstrate correct method of instilling ear drops
Do - Teach a woman the correct procedure for self-examination of her breasts
Do - Write drug cards on 2 drugs used to treat grand mal epilepsy. Administer anti-convulsive medication to patient
Do - Care for a patient requiring N.G. suction OR describe precisely in a clinical conference the procedure for irrigation of an N.G. tube
Do - Care for a patient who is having x-ray exam concerning malfunction of digestion or elimination such as: upper GI tract, Lower GI, cholecystogram, gastric flouroscopy
Do - Care for a pt. with a colostomy, requiring an irrigation or teaching relative to this procedure
Do care for a selcted patient with upper respiratory infection or participate in identification of nursing goals and make plan for care for the patient to implement these goals
Do - Apply heat to patient for relief of pain and inflammation of arthritis
Do - Administer insulin to a patient
Do - Apply eye dressings
Do - Make sure infant draws most of areola into his mouth
Do - Incorporate "therapeutic" into all nursing actions
Do - Incorporate "parent participation" into all nursing actions with pediatric patients when appropriate
Do - Prepare partner and equipment for ear drops
Do - Perineal prep: assist into dorsal recumbent position, use fresh razor blade, use soapsuds liberally, have good light, hold skin taut, front to back, dry cotton ball in vaginal orifice, turn to Sims's position to shave anal area
Do - Incorporate "teaching" into all nursing actions
Do - Care for a patient with a liver disorder
Do - Demonstrate techniques of breathing if client seems to be out of control
Do - Demonstrate accepted method for straightening canal for adult and child in administering ear drops
Do - Review and revise NCP's on your assigned pts. Validate - Include the following: aims or goals, delegated med. card, general pt. care, nursing care
Do insertion of in dwelling catheter on model. Demonstrate: personalization, teaching, asepsis, efficiency
Do - Increases opportunities for patient to participate in decisions concerning him/her

Do - Identify stages of grief if present in patient, causes and means to assist infant or child who is grieving

Do - Follow procedure as you would in a hospital for administration of: Digoxin 0.2 mg (O) daily 9 am; Maalox ʒ÷ (pc) p c & hs 9-1-6-9

Do - Perform cath care on model. Demonstrate concepts of: asepsis, comfort, personalization, teaching

Do administration of O_2 to a partner using: face mask, nasal canula, nasal catheter

Do - Using an Insulin syringe, prepare and administer to a partner "20 U. Reg Insulin" subcutaneously. (Use bottle of U.S. makred "u 40 Reg Insulin")

Do - Administer medications to pediatric patient

Do - Insert a #12 Levine tube on a partner. Attach to suction

Do - Interview two mothers concerning their child's diet for the first year of life. Evaluate in terms of: adequacy of nutrition, growth and development, and allergy. If inadequate, define changes needed and why

Do - Demonstrate position for postural drainage & clappying for C.F.

Do - Prepare patient & equipment for bladder irrigation or instillation as if you were doing irrigation

Do - Gives feedback to patients, checks perception, validates, asks open ended questions, reflects, paraphrases, summarizes in deomnstration of communication skills that project clarity and helpfulness

Do - Evaluate breasts - engorgement, cracks, fissures of nipple, colostrum, milk

Does removal of monitoring electrodes from patient (cardiac)

Does activation of monitoring system (cardiac)

Does application of monitor electrodes (cardiac)

Do - Accompany the pt. to surgery and observe his surgical procedure

Do - Explain reasons for dietary restrictions if not understood by the patient or his family

Does assessment of each pts. fluid and nutritional status each day before implementing a plan of care to include: amount and balance of 24 hr. I & O fluids, food intake for 24 hrs. and loses of bowel elimination and characteristics, changes in mentation, muscle tone, tissue turgor, respiratory rate, weight gain or loss, state of oral mucous membrantes

Does application and rotation of tournequets in the correct manner

Do - Teach the patient to perform and participate in all of the activities whenever he is able and it is allowable for his condition to reduce or prevent the hazards and results of immobility and confinement

Do - Demonstrate respect for each individual's right to choose and live his own life style by: giving valid information related to illness/cause and effects to the pt. and/or his family in a manner that is factual and free from bias

Do - Teach the patient pre-operatively to deep breath, cough and do leg and foot exercises by: actual demonstration and have pt. return demonstration until performed correctly

Do - Inform the patient and his family of the usual expected events and activities that will occur pre- and post-operatively in relation to the specific type of surgery (excluding specific diagnostic or prognostic information)

Do - Observe or do an IPPB treatment. Adjust machine for correct rate, pressure and volume to produce desired therapeutic effect. Observe correct delivery of inhalent for correct length of time

Do - Incorporate "play therapy" into nursing actions when dealing with pediatric patients

Do - Role play including emergency action taken for following accidents with toddler: aspirin ingestion, hot coffee pulled over on toddler, foreign body in ear, fall down stairs

Do - Administer an oral hypoglycemic agent to a patient

Do - Improvise health care tools from household items
Do - Teach client to use is plan and chart to change behavior in direction of wellness
Do - Catheterize a female pt. (male students catheterize male patient
Do - Administer vaginal douche
Do - Assist pt. with Sitz bath
Do - Set up automatic hypothermia machine to maintain temperature of a peer at 36° C.
Do - Accompany the pt. to his room and administer immediate and progressive post-operative care: vital signs, activity, dressings, drains, I.V.'s Ensure adequate ventilation, effective deep breathing and coughing unless contraindicated
Do - Prepare and instill one drop sterile N.S. into eye of partner
Do - Teach patient &/or family foods allowed on soft, 0.5 sodium 40 gm. protein diet
Do - Teach a patient (or class mate) the correct crutch walking technique
Do - Administer an anticholinergic drug to a pt. Observe for side effects
Do - Administer an antacid to a patient
Do - Role play instruction of a patient on Sippy regimen
Do - Remove a fecal impaction
Do - Care for a patient who is being reated medically or surgically for a digestive disorder. Write an Is-Plan developing patient teaching for a pinpointed nutritional problem
Do - Teach a patient and/or family components of bland, low fat, non-alcoholic diet
Does demonstration of concepts of safety, comfort, asepsis, personalization, efficiency and economy as you change a surgical dressing on a model or peer
Does maintenance of asepsis and placement of the dressings on a patient. Look at the dressing daily or more frequently to determine the amount of drainage and appearance. Determine need for change and take appropriate action
Do - Apply on classmate 3 types of traction: Bucks extension, Russels traction, emergency immobilization
Does wound care; observes whenever it is exposed for signs of swelling, redness, drainage, openings, bulges
Do - Apply concepts learned from viewing film "nursing Actions for Pain" to maintain the pt. free from pain
Do - Care for a female patient with a disorder of her reproductive or mammary system
Do bladder irrigation
Do - Care for patient with an orthopedic condition
Do - Instill eye ointments
Do - Instill eye drops
Do - Perform IPPB using Bird or Bennet on a partner demonstration of safety, comfort, personalization, efficiency, asepsis
Do - Remove excess solution or lubricant from perineal area
Do - Role play colostomy teaching for patient
Do - Assist with pelvic exam incorporating pertinent nursing behaviors
Do - Care for a patient with continuous bladder irrigation-OR-Discuss care of such a pt. in a clinical conference
Does implementation of necessary changes in the plan of care daily based on the assessment of the pts. fluid and nutritional status
Do - Maintain, enforce or initiate a plan to ensure an adequate amount (for each patient's individual needs) and an accurate measurement of fluid intake and output
Does implementation of ways to maintain the individual's orientation to time and reality

Does initiation and/or implementation of ways to extend and vary the individual's spacial environment

RN Level

Write what are the possible causitive agents for ulcerative colitis and what teaching is essential to the patient concerning life-style adaptation
Write care plan based on data collected from test reports
Write a floor plan and teaching plan for home care of patient with infectious hepatitis
Write - Simulation: Assign the patients on a team to which you belong. Student is the T.L. All others you would assign except head nurse. Use as a guide. Show rationale for your assignments
Write 7 anecdotal notes to illustrate your competences in the techniques of team leadership: planned, organized, guided, cooperated, encouraged participation, coordinated, observed, evaluated
Write - Chart times and result of vaginal exams
Write - Recognition of grief reactions are to be included in all Is-Dids with arranged events for helping the patient and/or family cope with their feelings
Write - List population of health teaching and 5 major concepts presented. Describe population for which you did health teaching and 5 major concepts presented
Write nursing care required for the patient with advanced carcinoma of the lung, relative to surgical therapy, medical therapy, interacting with the pt. and his family
Write 5 criteria for effective team nursing

Say - Request mother (or father) that you are following through labor and deliver- to call you when she goes into labor
Say - Instruct mother why it is important that infant draw most of areola into his mouth: Include physical and emotional effect on mother and baby
Say - Present to the class one of the following: functional mental disorders including nsg. care implications, organic mental disorders including nsg. care implications, full range of therapies utilized to treat "mental illness" including nsg. care implications
Say - Check bowel function
Say - Review original contract with family (family seminar) to evaluate experience
Say - Teach pregnant mother health maintenance and disease prevention
Say - Discuss infection control, respiratory therapy, enzymes, nutrition, family teaching as relates to Cystic Fibrosis
Say - Refer family to appropriate agencies, health professionals for any necessary ongoing and follow-up needs
Say - Answer orally the following questions: How can team nursing be practiced 24 H/day? What methods can be used to keep conference pt. centered? Should personal/confidential info be discussed during conference?
Say - Discuss in class: Atrial septal defects, Patent Dustus Arteriosis, Tetrology of Fall, Hemodynamics, Diagnosis, Complication, Nursing Management

Do - Recognize pharnygitis during patient's physical exam
Do - Two long term community experiences according to choice
Do - Teach at least one parent the sign and symptoms of "strep" sore throat and the importance of early detection and Rx
Do - Visit selected patient at home to: establish contract, plan and provide care with family members, affirm independence of process and close contract
Do - Check gait: hopping, tandem walk, Romberg, associative movement during neurological physical exam on patient
Do - Care for a patient with diabetes mellitis: Collect laboratory data showing status of diabetic patient: blood sugar, 2 hr. postprandial, glucose tolerance

Do - Role play instruction of patient to assist in living with therapeutic plan for peptic ulcers

Do - Teach at least one parent the importance of treatment of otitis media

Do - Irrigate & teach patient self care of colostomy

Do - Interview an elderly person of choice and develop an in-depth history

Do - Role play in class regarding teaching the diabetic patient: foot care, insulin administration, how to clinitest urine and interpret findings, how to recognize diabetic acidosis, symptoms of insulin reaction and prevention, life style adaptations

Do - Prepare a patient for one of the respiratory diagnostic procedures discussed in class

Do - Give care to a patient requiring oxygen. Observe therapeutic effect of therapy on pt. by means of physical and laboratory data. Maintain oxygen equipment in correct working order: water in humidifier at correct level, tubes free of kinks; well fitting apliance; correct flow rate

Do - Role play cranial assessment of a patient

Do - Confirm absence of bowel sounds on a patient

Do - Determine position of trachea on patient during physical exam

Do - Palpate patient's abdomen during physical exam

Do - Palpate patient's enlarged liver during physical exam

Do - Palpate carotid pulses during patient's physical exam

Do - Determine assymetrical muscular strength in arm during patient physical exam

Do - Visualize patient's tonsils during physical exam

Do - Measure visual acuity during patient's physical exam

Do - Determine normal breath sounds during patient's physical exam

Do health teaching x10 accoridng to the client's needs and level of understanding. Obtain feedback x3

Do -Guide 10 clinets in obtaining help from various agencies for the adjustment of psychosocial, environmental or physical conditions which effect health

Do - Administer only those drugs in the community on which you have done prior preparation

Do - Prepare a patient for one or more liver function studies: physical preparation, psychological preparation, interpretation of test and results

Do - Interview a person who has had cataract surgery to discover his expectations for the surgery and the present reality of results

Do - Care for a patient with a disorder of neural regulation. Write Is-Plan

Does explanation of rhythm to cardiac patient

Do - Choose a framework such as Freudian, operant, Gestalt, Transactional analysis, etc. and using your choice to the exclusion of all others, relate to a patient for one week

Do - Terminate relationship with family

Do - Make postpartum visit to family

Does identification of the problem and pinpoints the behaviors that indicate a patient's need for a nurse initiated therapy

Do - Interpret findings and use of test to patient

Does isolation of femoral artery and simulates an arterial stick: explains procedure to pat., prepares all equipment, isolates femoral artery, prepares skin for penetration

Do - Participate in evaluation as T.L. with RN on ward
Use printed form and behavior charts

Do - Lead a nursing team. Include: Giving report, making pt. rounds, Dr. Rounds, making assignments, leading team conferences, Evaluate personnel, Evaluate patient care, teaching

Do - Make or participate in making assignments for your team each day as T.L.

Do - Conduct patient-staff-student workshop

Do - Relate to your patient for one week in a theoretical framework which you have developed or in which you have interrelated various theories

Do - Accelerate: Uses leadership skills

Do - Care for a selected patient with gastro-enteritis, or participate in identifying nursing goals and make a plan of care for the patient to implement these goals. Include diet therapy and rationale for each stage of illness and related nursing actions

Does selection and uses reliable sources of information to determine the nurse's role in therapies to be administered by other persons as to preparation, observatioan and ways to support the patient

Does evaluation of these readings (blood chemistry measures) and includes in plan for care

Do - Visit assigned patients the day prior to clinical experience. Assess needs of patient

APPENDIX 4.15

Course Behaviors Designated "Student" or "Citizen" Behaviors Not Necessarily Unique to Nursing

In distributing course competencies into program product categories, the faculty found some behaviors that they felt were uniquely student behaviors, required only within the realm of the program and not necessarily unique to nursing.

Due to time constraints, insufficient discussion was held in order to define this class of behaviors. This resulted in a lack of consistency among faculty in singling these behaviors out and setting them apart from the other course behaviors.

The following appendix is a lising of those behaviors which the faculty called "student" or "citizen" behaviors, providing some examples These behaviors while listed here are not necessarily excluded from other program product behaviors.

Student and Citizen Behaviors

Write definition of differences between juvenile diabetes and maturity onset diabetes
Write one question which you consider will evoke an answer that reveals what you have learned about sensory deprivation
Write a minimum of 10 categories found in the cumulative nursing index. Write 3 sources used in the index under each category
Write concept test over HAMC - 2 glucocorticoids
Write - Event though meat and butter do not contain CHO why is it not wise to overeat them?
Write a paper on "The Role of the Nurse in Establishing Meaningful Human Relationships for Dying Patients". Paper must have documentation from a minimum of 10 references.
Write 5 principles of effective management as outlined by Kron
Write concept test on legal aspects covered in class discussions
Write a brief overview of at least 2 prepaid health insurance bills being considered by the government. Include pros and cons to each bill
Write a list of disadvantages of special care environments to the patient and health care personnel
Write a list of specific differences between fetal and post natal circulation

Say - Discuss in class: osmolarity, loop henle, collecting ducts, ADH, Newer synthetic diuretics
Say findings from interview of a variety of allied health workers
Say normal process of oxygen-carbon dioxide exchange to meet tissue needs
Say - Discuss grade contract with instructor
Say pinpoints of your expected behaviors during first visit to clinical instructor
Say - Discuss in class: Anatomy & physiology of the liver: circulation, biliary passages, reticuloendothelial cells, parenchymal cells

Do - Watch film "Live a Full Life"
Do - Two students role play teaching a young teenager physical and emotional aspects of feminine hygiene
Do - Female nursing students do self-examination of breasts
Do - Watch a film on Epilepsy
Do - Observe film in class on diabetes
Do - Role play seizure observation and care of a pt. during and after
Do - Read "Perineal Care of the Incapacitated Patient", AJN
Do - Watch film or demonstration on oxygen tents, croupettes
Do - Watch film "After Mastectomy"
Do - Watch film "Total Hip Replacement"
Do - Read article in AJN "Resusitation of the Newborn Inf. tn"

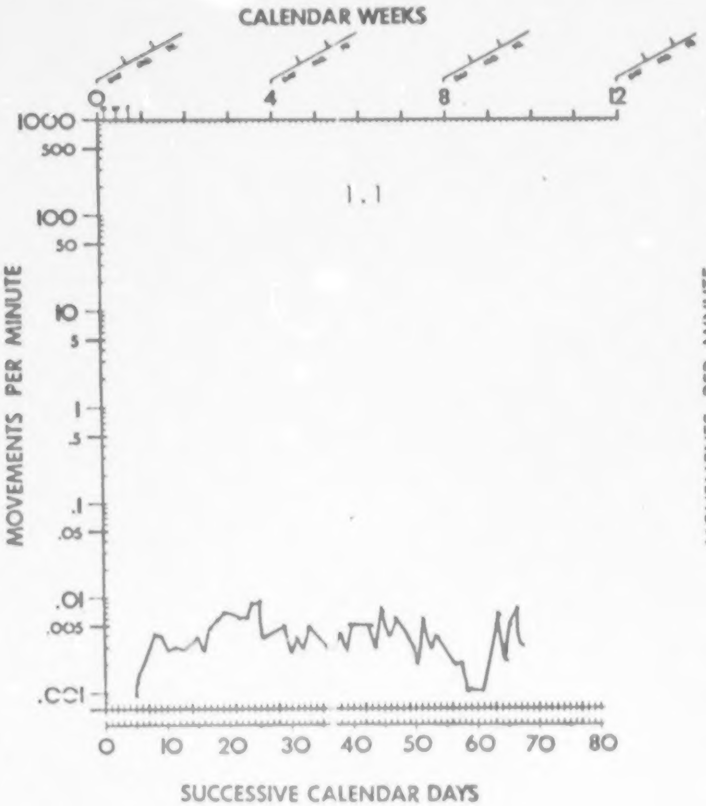
APPENDIX 4.16

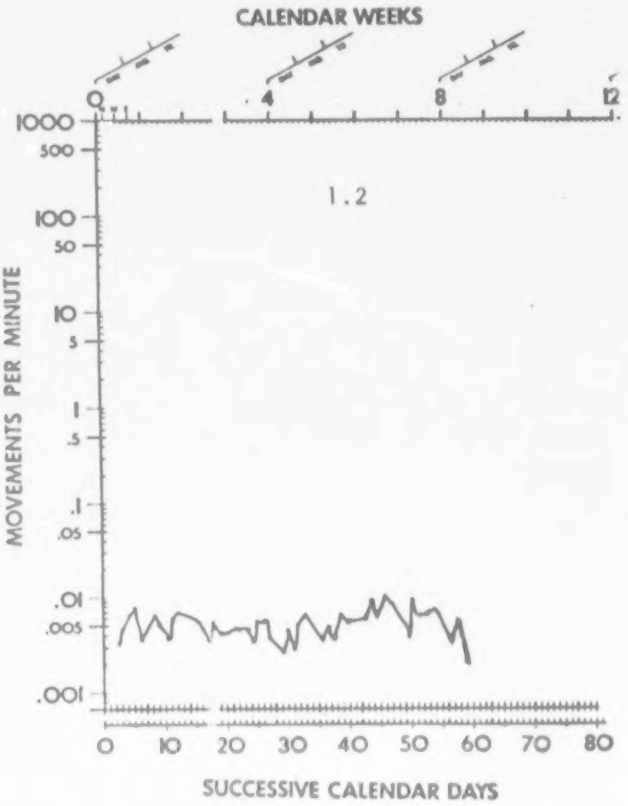
Student Performance On Combined Program Product Behaviors

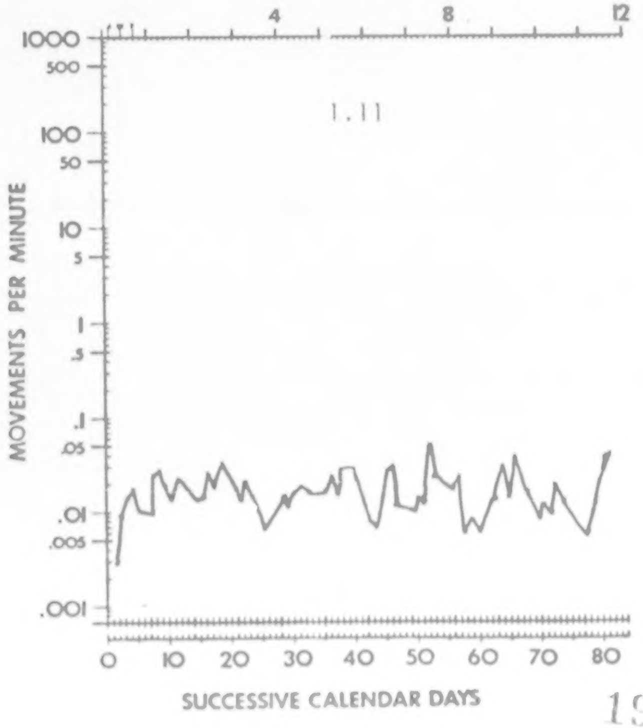
Figure 1.0

Average Daily Student Performance for Learning Opportunities
on Combined Program Product Behaviors

Registered Nurse Figures 1.1, 1.2 (1972-73) and 1.11, 1.12 (1973-74)







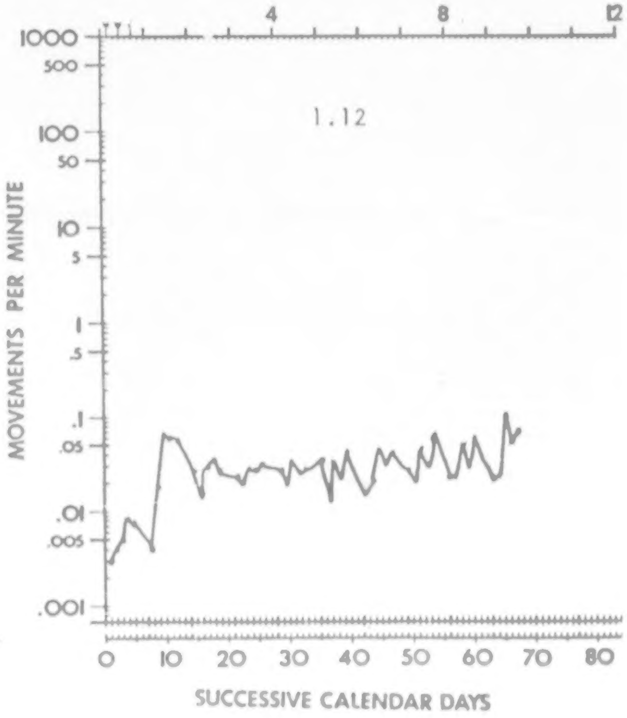


Figure 2.0

Average Daily Student Performance for Corrects on Combined Program Product Behaviors

Registered Nurse Figures 2.1, 2.2 (1972-73) and 2.11, 2.12 (1973-74)

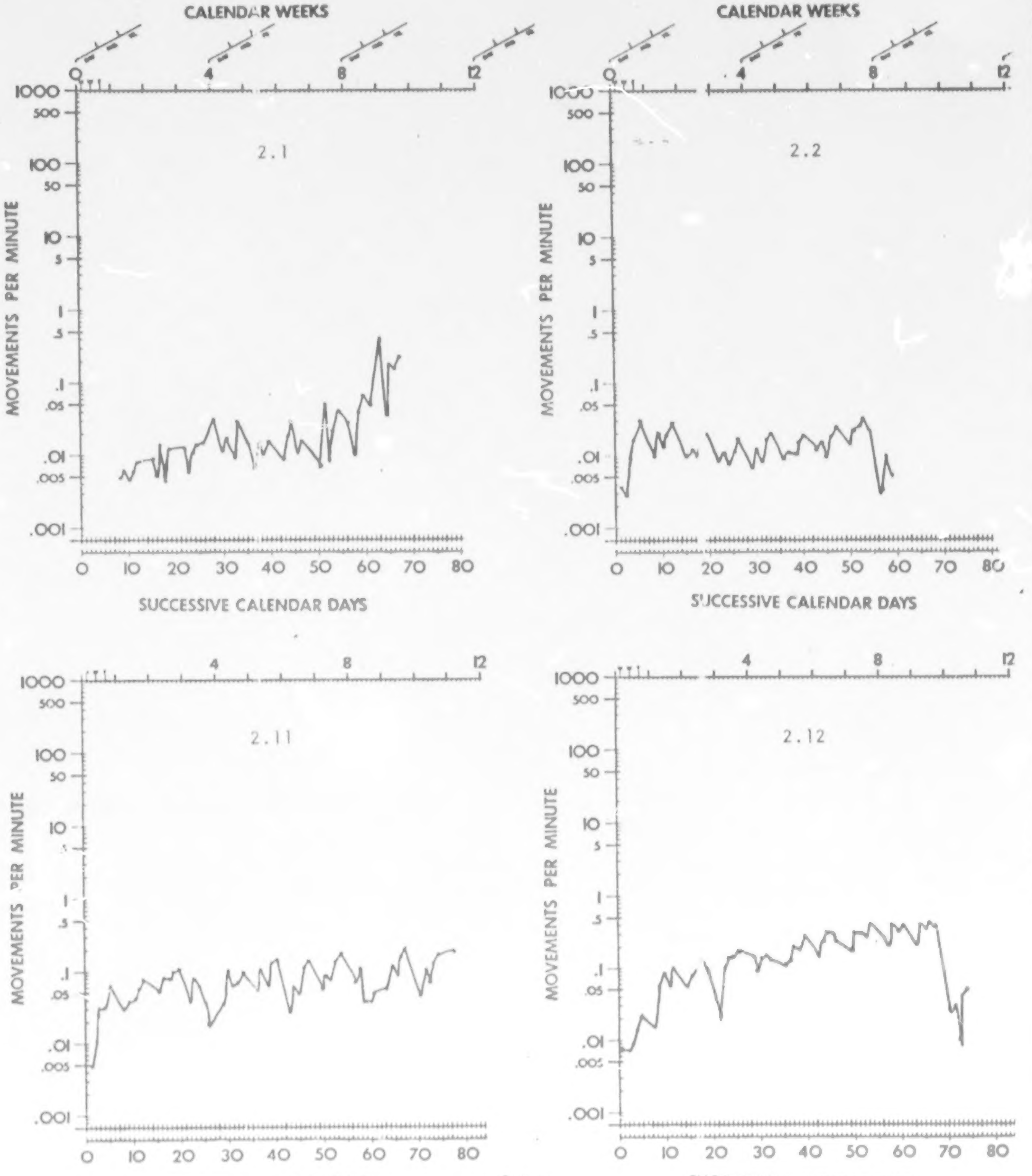


Figure 3.0

Average Daily Student Performance for Learning Opportunities
on Combined Program Product Behaviors

Licensed Practical Nurse Figures 3.1, 3.2 (1972-73) and 3.11, 3.12 (1973-74)

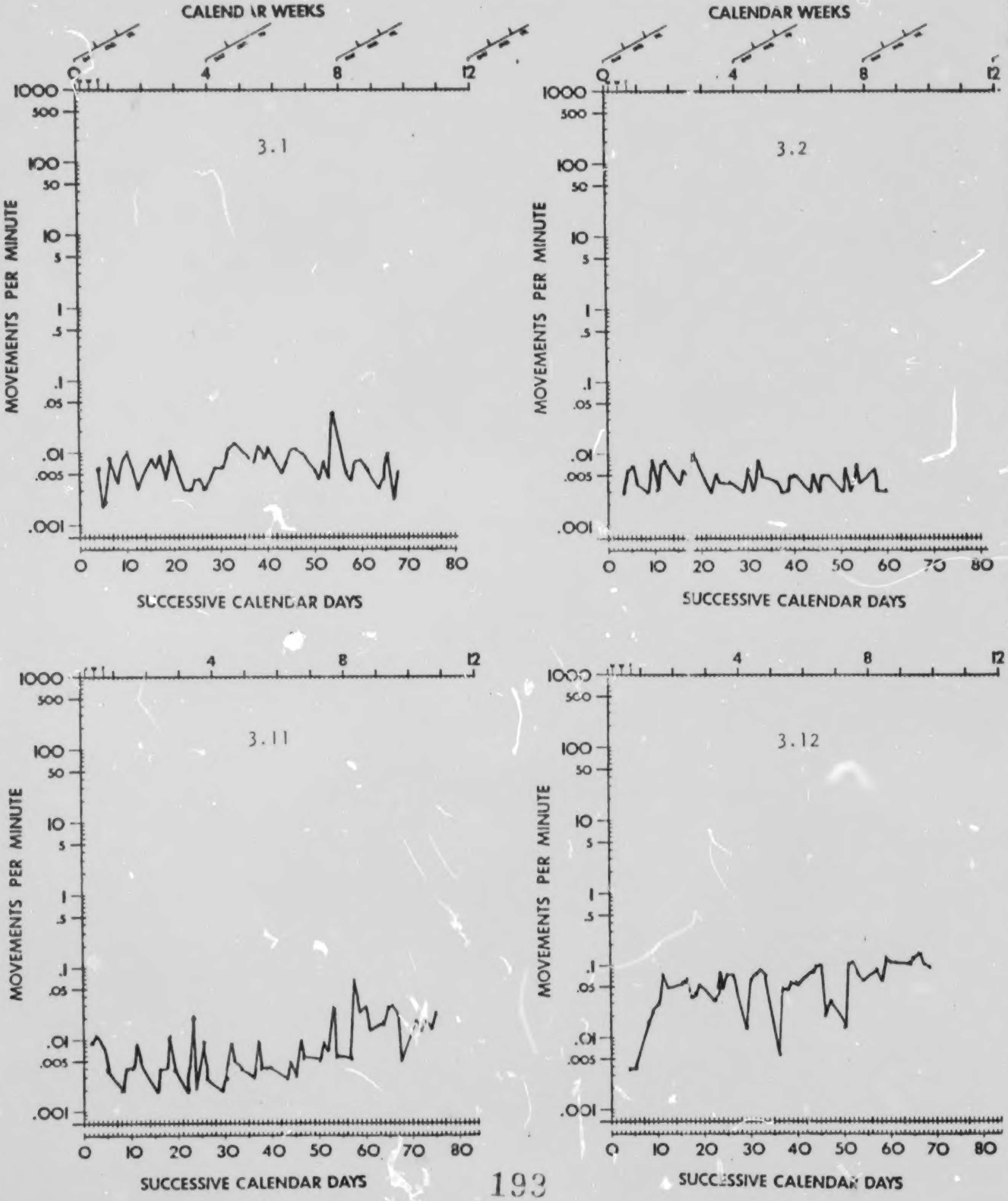


Figure 4.0

Average Daily Student Performance for Corrects on Combined Program Product Behaviors

Licensed Practical Nurse Figures 4.1, 4.2 (1972-73) and 4.11, 4.12 (1973-74)

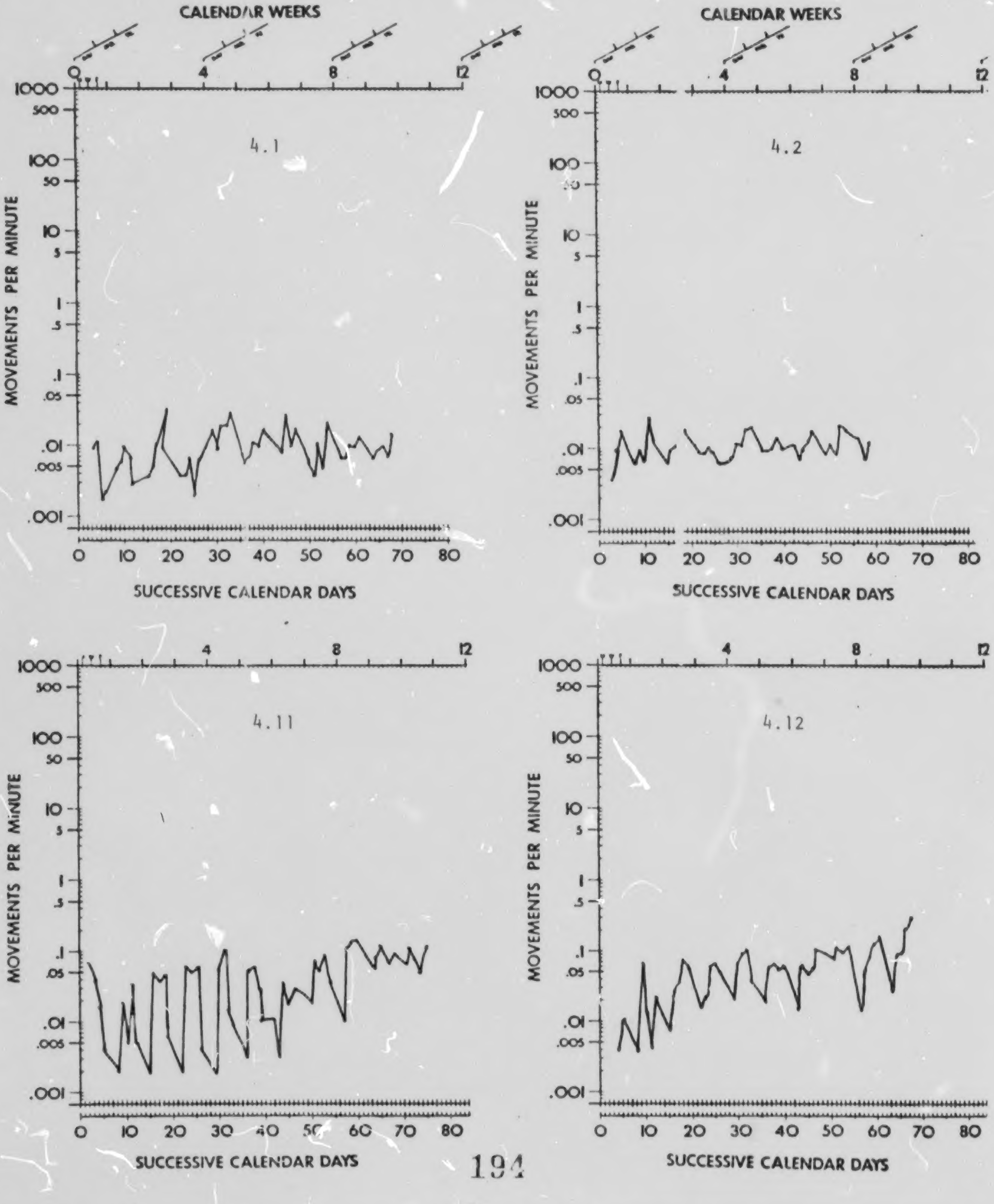


Figure 5.0

Average Daily Student Performance for Learning Opportunities on Combined Program Product Behaviors

Aide Figures 5.1, 5.2 (1972-73) and 5.11, 5.12 (1973-74)

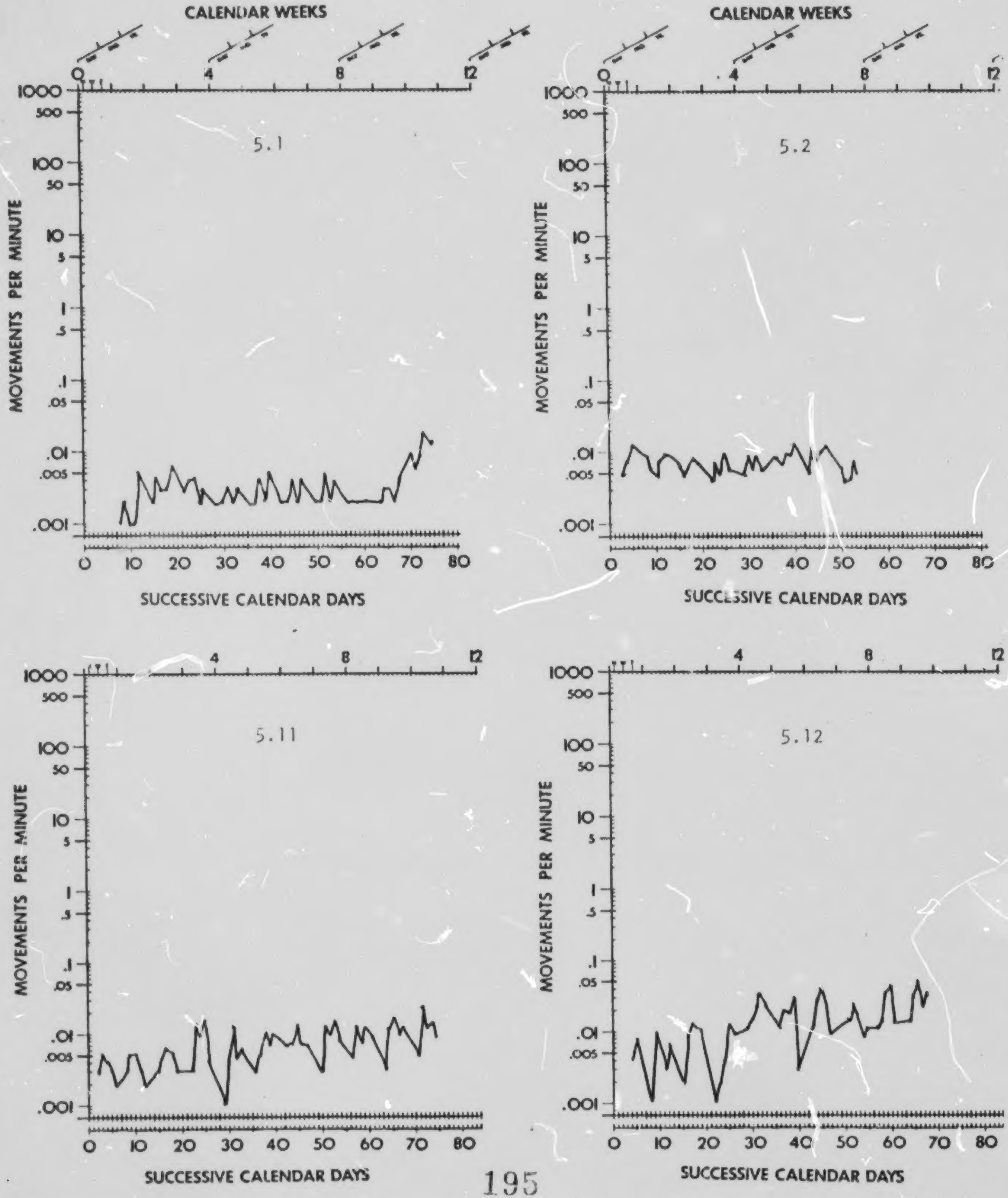


Figure 6.0

Average Daily Student Performance for Corrects on Combined Program Product Behaviors

Aide Figures 6.1, 6.2 (1972-73) and 6.11, 6.12 (1973-74)

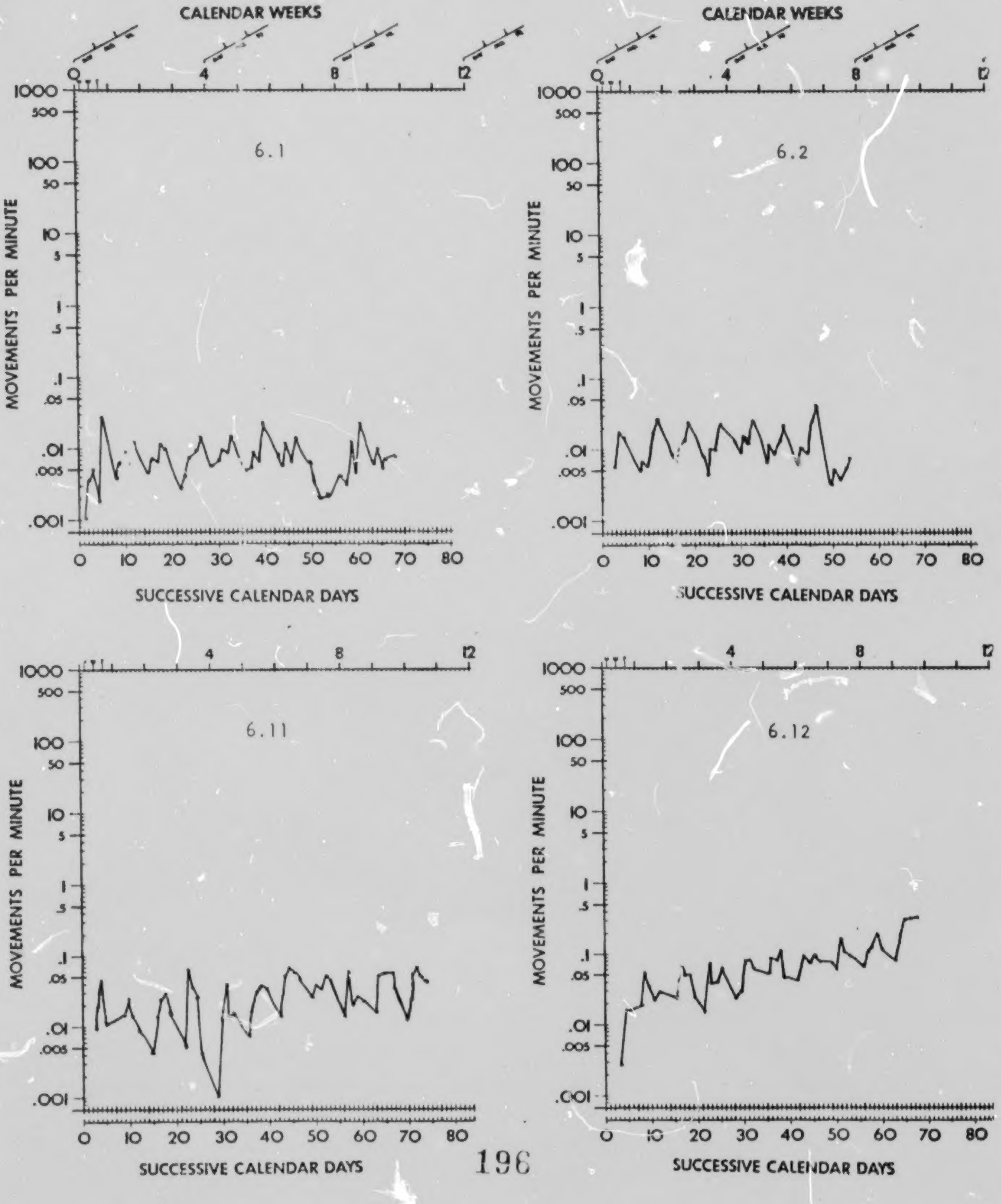


Figure 7.0

Average Daily Student Performance for Learning Opportunities on Combined Program Product Behaviors

Drop-out Figures 7.1, 7.2 (1972-73) and 7.11, 7.12 (1973-74)

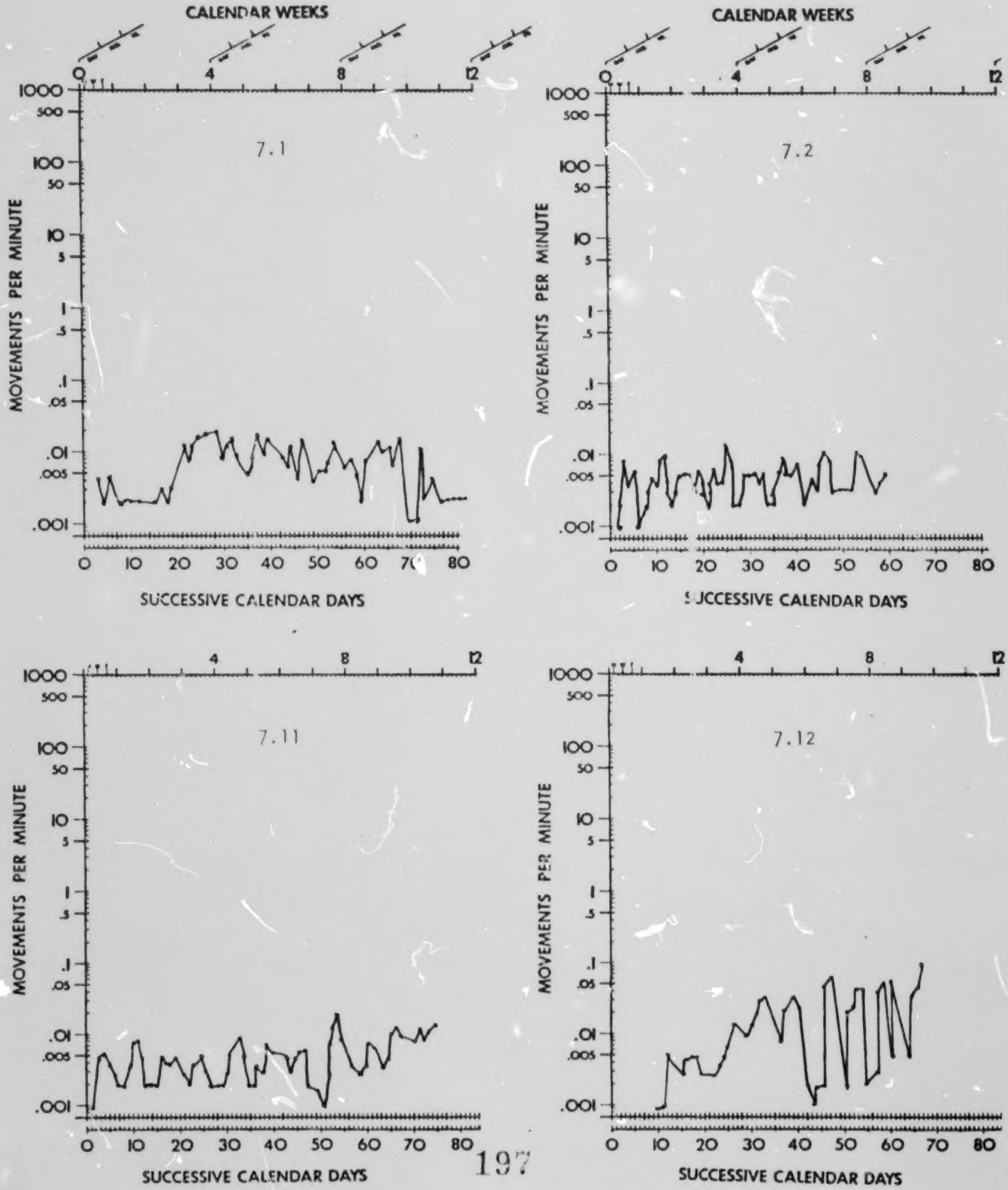
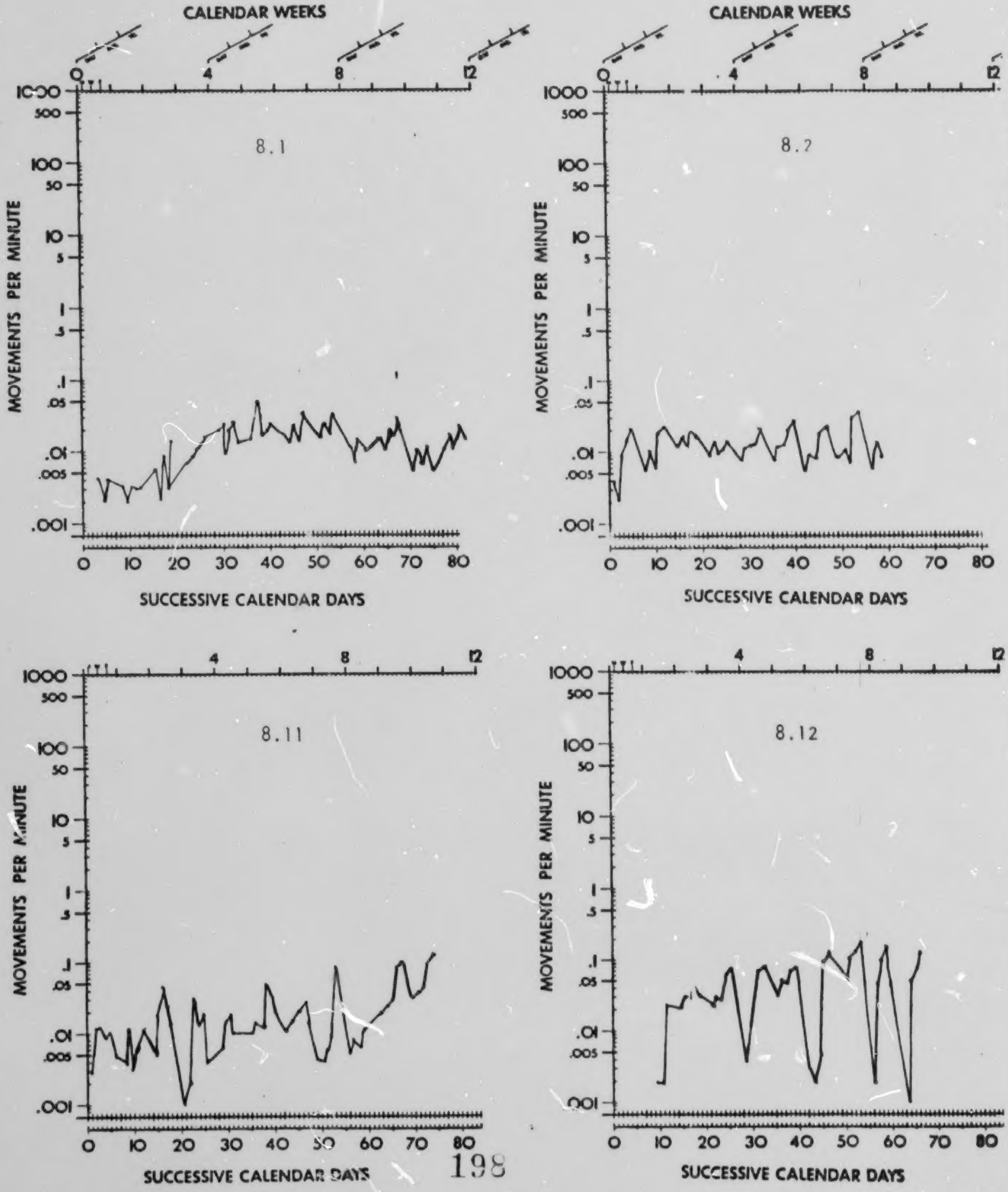


Figure 8.0

Average Daily Student Performance for Corrects
on Combined Program Product Behaviors

Drop-out Figures 8.1, 8.2 (1972-73) and 8.11, 8.12 (1973-74)



COST ANALYSIS OF MT. HOOD COMMUNITY COLLEGE NURSING PROGRAM RELATIVE TO NURSING EDUCATION, LEARNER BENEFITS AND EFFECTIVENESS

FINAL REPORT 5.2

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Mt. Hood Community College Nursing Program

This report is part of: An Investigation of the Cost-Benefits and Consumer Outcomes Related to Competency-Based Education in a Community College. Support for this project comes from The Fund for the Improvement of Post-Secondary Education, U.S. Department of Health, Education and Welfare.

These reports are used for informal communication and are not for citation or distribution without the approval of Mt. Hood Community College, 26000 S.E. Stark Street, Gresham, Oregon 97030.

FINAL REPORT 5.2

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In an attempt to assess the cost-benefits of the nursing program at Mt. Hood Community College, it was deemed necessary to undertake a cost-accounting analysis of the program for the 1972-73 academic year. This analysis enabled us to collect and analyze information including tuition and fees generated by nursing students, income generated by the nursing program, F.T.E. reimbursement generated by nursing students, and expenditures for the total nursing program including support services. In addition, this information could facilitate comparisons between nursing and general education costs for nursing. Also, in order to get a feel for where the program is "heading" this year, an identical exercise was carried out for the 1973-74 academic year using only budget figures and "best estimates".

There are two major steps involved in conducting a cost accounting analysis of this program. The first step is to assess the revenue sources available to the program, specifically the tuition paid by students, the moneys collected from the state, the district tax levy, the federal reimbursement for vocational students and counseling, and the miscellaneous earnings of the college from instructional fees, community services, sales, investment earnings, and rentals. This was accomplished on the basis of the total number of F.T.E. (81) the program served during the 1972-73 academic year.

TUITION

The reimbursable tuition for the 1972-73 year was calculated on an average of $220 per F.T.E. This amount considers the uncollected tuition, a deduction for credit hours taken beyond the maximum tuition of $85, the tuition remission program for 120 talent grants awarded through Student Affairs, and the $22.50 deduction per F.T.E. to support student activities. Since the nursing program had a total of 81 F.T.E., the amount credited to the program was $17,820. This was 6 percent of the program's total revenue.

STATE

Although the state accepted the estimate of 5,423 reimbursable F.T.E.'s for the 1972-73 year, the actual number was 5,145 total F.T.E. The state reimbursement formula was calculated as follows: $743 for the first 500 F.T.E.; $614 for the next 400 F.T.E.; $560 for the remaining number of F.T.E. This amount credited the program with $47,223 which was approximately 42 percent of the program's total revenue.

TAXES

The revenue for taxes received from the district levy is divided into two categories: the amount collected from the present year's taxes; the amount collected from the prior year's levy. For 1972-73, the district collected $1,678,000 from the tax base and $129,928 from the previous year for a total of $1,807,928. This amount divided by the yearly F.T.E. of 5,145 credited the program with $352 per F.T.E. The program received $28,512, or 25 percent of the revenue from taxes.

FEDERAL

Since vocational-technical programs are usually more expensive to initiate and operate than college transfer program, the federal government appropriates funds to help offset costs. For 1972-73, the formula was as follows: $78 for the first 200 vocational F.T.E.; $46 for all remaining F.T.E. In addition, federal moneys of approximately $9 per

F.T.E. are awarded for special services the college may provide such as counseling services for veterans. The average amount the college receives is $66 per F.T.E. Since the program had 81 F.T.E., the amount received as $5,346, which was 5 percent of the revenue budget.

FEES AND MISCELLANEOUS

All nursing students are required to pay a $25 lab fee each quarter. For 1972-73, the total amount of money paid as lab fees was $5,100 or 5 percent of the revenue budget.

The total budget for community services, sales, investment earnings and rentals was $87,000 or $17 per F.T.E. The program received $1,377 or one percent of the revenue budget from miscellaneous items.

WORKING CAPITAL CARRY-OVER

Money which is not appropriated during the year in which it is collected may be carried over to the following year and assigned to working capital. The capital carry-over from the 1971-72 year was $456,000. This amount divided by 5,445 F.T.E. credits the program with $89 per F.T.E., or a total of $7,209 which was 6 percent of the revenue budget.

Since the total revenue for the program, $112,587, was determined; the next step was to calculate the total amount of expenditures. This would include personnel services, the program budgets, administrative services, and plant operations

PERSONNEL SERVICES

$110,723 or 17 percent of the program moneys were spent on salaries. This includes the following: (1) the total salaries paid to full-time instructors; (2) 16 percent of the Allied Health Division Chairman's salary; (3) one-half of the salary of the Allied Health Division's secretary; (4) the total salary and social security benefits paid to part-time instructors; (5) the total fringe benefits (14 percent) paid to full-time instructors.

PROGRAM BUDGETS

There were three separate accounts within the program: a supplies account, a travel account and a capital outlay or equipment account. The total amount spent for the 1972-73 year was $6,628 or 4 percent of the total expenditures.

ADMINISTRATIVE SERVICES AND PLANT OPERATIONS

Twenty-five percent or $38,760 was spent on administrative services and the operation of the total college plant. This includes the following areas: the President's office, the business office, legal counseling, auditing, elections, the registrar's office, computer services, supervision of instruction, student personnel services, the library resource center, auxiliary services, instructional research, public information, plant operation, security, safety, PBA and maintenance of the plant.

The total of the expenditures for the program was $156,111 - which exceeded revenue generated by $43,524.

An identical pedagogical exercise was carried out for the 1973-74 school year, with the result that the total revenue was estimated at $135,860 and the total expenditures at $193,190. If these budget figures are correct, we estimate that expenditures will exceed revenue generated by $57,330 for the 1973-74 school year.

1972-73

FINANCIAL SUMMARY

Revenue Sources	PER/F.T.E.	F.T.E.	TOTAL	%
1. Tuition	$220	@ 81	$ 17,820	16
2. State	583	@ 81	47,223	42
3. Taxes	352	@ 81	28,512	25
4. Federal	66	@ 81	5,346	5
5. Lab Fees	--	--	5,100	5
6. Miscellaneous	17	@ 81	1,377	1
7. Working Capital (carry-over from 71-2)	89	@ 81	7,209	6
			$ 112,587	100%

Expenditures	Total	%
1. Personnel Services	$110,723	71
2. Division Budgets	6,628	4
3. Administrative/Plant Services	38,760	25
	$156,111	100%

Revenue - Expenditures =

$112,587 - $156,111 =

$43,524

YFTE Student = 81

operating cost/F.T.E. = $1,410*

total cost/F.T.E. = $1,927

* does not include division chairman's salary allocation

MATERIALS AND SUPPLIES BUDGETS

Supplies	$1,409
Travel	1,401
Capital Equipment	3,818
	$6,628

ADMINISTRATIVE SERVICES AND PLANT OPERATIONS

Area	Budget	Cost Per F.T.E.	*Charge To Nursing
1. Presidents Office	$ 72,433	$ 14.08	$ 1,140
2. Business Office	189,658	36.86	2,986
3. Legal Counsel Auditing and Elections	38,700	7.52	609
4. Registrar's Office	123,762	24.05	1,948
5. Computer Services	55,397	10.77	872
6. Supervisor of Instruction	155,638	30.25	2,450
7. Student Personnel Services	341,334	66.34	5,374
8. Library Resource Center	434,056	84.36	6,833
9. Auxiliary Services	66,822	12.99	1,052
10. Instructional Research	79,588	15.47	1,253
11. Public Information	29,794	5.79	469
12. Operation of Plant	572,333	111.24	9,010
13. Security, Safety, PBX	85,946	16.70	1,353
14. Maintenance of Plant	216,634	42.11	3,411
TOTAL			$38,760

*81 F.T.E.

PERSONNEL COSTS

Full Time Faculty Salaries	$ 90,000
*Allied Health Division Chairman	2,768
Secretary (1/2)	2,500
**Part Time Faculty Salaries	2,117
Full Time Benefits (14%)	13,338
	$110,723

*amount of his salary allocated to nursing program

**includes $117 of social security benefits (5.85%)

1973-74

FINANCIAL SUMMARY

Revenue Sources	PER/F.T.E.*	F.T.E.	TOTAL	%
1. Tuition	$ 280	92	$ 25,760	19
2. State	623	92	57,316	42
3. Taxes	356	92	32,752	24
4. Federal**	46	92	4,232	3
5. Lab Fees	-	-	6,600	5
6. Miscellaneous	25	92	2,300	2
7. Working Capital	75	92	6,900	5
			$135,860	100%

Expenditures	Total	%
1. Personnel Services	$ 130,087	67
2. Division Budgets	18,200	10
3. Administrative/Plant Services	44,903	23
4. Working Capital	--	--
	$ 193,190	100%

(Projected) Revenue - Expenditures =

$135,860 - $193,190 =

-$57,330

YF.T.E. Student = 92
operating cost/F.T.E. = $1,578***
total cost/F.T.E. - $2,100

*Assuming 5,300 total F.T.E.'s for the college
**Assuming 2,196 total Voc. Tech F.T.E.'s for the college
***Does not include division chairman's salary allocation

MATERIALS AND SUPPLIES BUDGETS

Supplies	$ 2,000
Travel	1,200
Capital Equipment	1,000
Computer Services	14,000
	$18,200

ADMINISTRATIVE SERVICES AND PLANT OPERATIONS

Area	Budget	Cost Per F.T.E.	*Charge To Nursing
1. Presidents Office	$ 85,093	$ 16.06	$ 1,478
2. Business Office	192,130	36.25	3,335
3. Legal Council Auditing & Elections	38,700	7.30	672
4. Registrar's Office	96,966	18.30	1,684
5. Computer Services	101,944	19.23	1,769
6. Supervision of Instruction	149,219	28.15	2,590
7. Student Personnel Services	376,102	70.96	6,528
8. Library Resource Center	422,046	79.63	7,326
9. Auxiliary Services	57,725	10.89	1,002
10. Instructional Research	53,964	10.18	937
11. Public Information	31,496	5.94	546
12. Operation of Plant	664,707	125.41	11,538
13. Security, Safety, PBX	82,737	15.65	1,440
14. Maintenance of Plant	233,760	44.11	4,058
			44,903

*92 F.T.E.

PERSONNEL COSTS

Full Time Faculty Salaries	$105,288
Allied Health Division Chairman	2,768
Secretary (1/2)	2,643
Part Time Faculty Salaries	5,244
Full Time Benefits (12.5%)	13,837
Part Time Benefits (5.85%)	307
	$130,087

SUMMARY AND RECOMMENDATIONS

From a review of the financial summary sheets, it is apparent that the program did not carry its own weight, nor is it expected to do as well this year.

However, this cost-accounting analysis was accomplished solely on the basis of the total number of F.T.E. the program served. This is a simple-minded approach at best. There may be more valid measures for use in determining allocations to revenue and expense discriptor line items (for example, square footage may be a more valid measure to use for determining allocation to operation and maintenance of physical plant than the total number of F.T.E. served), but these kinds of figures were not available for the analysis.

How many F.T.E.'s did the Nursing Program Generate?

The Nursing Program does not receive F.T.E. reimbursement for every hour nursing students attend classes. All nursing students are required to attend seminars for some classes which are not approved for F.T.E. reimbursement. This creates a small discrepancy between what the nursing faculty feels should be their F.T.E. reimbursement and the number of F.T.E.'s generated by the program.

Number of F.T.E. the Nursing Program would Generate (1973-74) if Given Reimbursement for all Seminars

Class	Term	Actual Contact Hours	Weeks in Term	Headcount	S.C.H.	F.T.E.
1st yr.	Fall	24.5	12	47	13,818	20.32
	Winter	21.5	11	43	10,170	14.96
	Spring	23	11	34	8,602	12.65
	Summer ('73)	28	10	28	7,840	11.53
2nd yr.	Fall	26	12	24	7,488	11.01
	Winter	27	11	23	6,831	10.05
	Spring	32	11	22	7,744	11.39
	Summer ('73)	27	10	12	3,240	4.76
						96.67

F.T.E.'s Actually Generated by the Nursing Program (1973-74)

Class	Term	Approved Contact Hours	Weeks in Term	Headcount	S.C.H.	F.T.E.
1st yr.	Fall	23	12	47	12,972	19.08
	Winter	20	11	43	9,460	13.91
	Spring	23	11	34	8,602	12.65
	Summer ('73)	28	10	28	7,840	11.53
2nd yr.	Fall	26	12	24	7,488	11.01
	Winter	23	11	23	5,819	8.56
	Spring	29	11	22	7,018	10.32
	Summer ('73)	27	10	12	3,240	4.76
						91.82

Thus, there appears to be a discrepancy of 4.85 F.T.E.'s.

How Many F.T.E.'s do Nursing Students Generate?

F.T.E.'s Generated by Nursing Students (1973-74)*

Class	Term	Hours	Weeks	Headcount	S.C.H.	F.T.E.
1st yr.	Fall	29	12	47	16,356	24.05
	Winter	29	11	43	13,717	20.17
	Spring	29	11	34	10,846	15.95
	Summer ('73)	34	10	28	9,520	14.00
2nd yr.	Fall	32	12	24	9,216	13.55
	Winter	32	11	23	8,096	11.91
	Spring	29	11	22	7,018	10.32
	Summer ('73)	27	10	12	3,240	4.76
						114.71

Since 114.71 F.T.E.'s are generated by nursing students within Mt. Hood Community College and the nursing program generates 91.82 F.T.E.'s, 22.89 F.T.E.'s are generated by nursing students outside the program.**

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*Includes F.T.E.'s generated by nursing students outside the nursing program.

**If we assume that Mt. Hood nursing students take their required general education courses at Mt. Hood.

ADN Program

Student: Instructor ratio data 1972-73

Quarter	Faculty	Students	Headcount ratio	F.T.E. Ratio	Av. Clinic Ratio
Fall	7.3	59	8.1:1	9.6:1	8.0:1
Winter	7.7	58	7.5:1	7.8:1	7.2:1
Spring	6.1	47	7.7:1	9.5:1	7.0:1
Summer	4.5	40	8.9:1	12.4:1	10.4:1
Quarterly Average	6.4	51	8.0:1	9.8:1	8.2:1

Quarterly F.T.E.

Fall - 69.9

Winter - 59.8

Spring - 57.6

Summer - 55.4

F.T.E. faculty - 8.5

F.T.E. Student -81.0

TOTAL RATIO - 9.5:1

Annual F.T.E. - 81.0

F.T.E. expected with full enrollment - 95.0

F.T.E. loss due to attrition - 14.0

ADN Program

Student: Instructor ratio data 1973-74

Quarter	Faculty	Students	Headcount Ratio	F.T.E. Ratio	Av. Clinic Ratio
Fall	7.67	71	9.3:1	11.8:1	9.8:1
Winter	7.17	66	9.2:1	9.4:1	7.5:1
Spring	7.17	56	7.8:1	9.6:1	10.1:1
Summer	4.50	40	8.9:1	12.4:1	10.4:1
Quarterly Average	6.63	58.25	8.8:1	10.8:1	9.45:1

Quarterly F.T.E.

Fall - 90.27

Winter - 67.41

Spring - 68.91

Summer - 55.4

Annual F.T.E. - 91.82

F.T.E. expected with full enrollment - 107.48

F.T.E. loss due to attrition - 15.66

F.T.E. Faculty - 8.84

F.T.E. Student -91.82

TOTAL RATIO -10.39

Comparisons Between Nursing and General Education Costs for Nursing

Nursing students are required to take 10 general education courses taught by non-nursing faculty members. How do these non-nursing courses compare with nursing courses in terms of operating costs? This question was answered by analyzing faculty salaries and benefits, supplies, travel, and capital equipment expenditures for these courses and comparing them with nursing.

Course	Av. Student FTE Generated	Av. Salary & Benefits Charged to Class[2]	Supplies[3]	Travel	Cap. Equip.[4]
Bi 231	7.2	1,164	$ 86	$15	$1,196
Bi 232	6.4	1,017	86	15	1,196
Wr 121	1.6	952	6	6	1
Eng 10	1.9	1,155	7	8	2
FL 225	2.9	1,071	3	4	4
Soc 204	4.1	630	4	5	5
Psy 201	5.0	800	4	6	6
Soc 214	1.9	445	2	2	2
Bi 234	3.1	1,071	86	15	1,196
Psy 203	2.0	779	2	2	3
Bi 233	3.5	930	86	15	1,196
Total	39.6	10,014	372	93	4,804

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[1] av. student F.T.E. generated = $\frac{\text{Weekly credit hrs.} \times \text{av. no. of students/section}}{\text{Total no. of credit hours a full time student is in class for 1 academic year}}$

[2] for full time instructors:

$$(\text{instructors contracted salary} \div 3) \times (\text{percent of instructors total Load that quarter})$$

[3] The Science Division Chairman estimated that Bi 231, Bi 232, Bi 234, and Bi 233 constituted 15 percent of the division's total expenditure for supplies. Expenditures for courses within the Social Science and Literature and Composition Divisions were estimated by multiplying:

$$(\text{total expenditure for supplies in the division}) \times \left(\frac{\text{Av. student F.T.E. generated by the course}}{\text{Total F.T.E. generated by the Division that term}}\right)$$

[4] The Science Division Chairman estimated that Bi 231, Bi 232, Bi 234, and Bi 233 constituted 35 percent of the division's total expenditure for capital equipment. Social Science and Literature and Composition expenditures for capital equipment were estimated as in # 3.

[5] I did not include such obvious expenses as secretarial salary or division chairman's salary.

	Non-Nursing	Nursing
Salary & Benefits/F.T.E. =	$253	$1,351
Supplies/F.T.E. =	9	22
Travel/ F.T.E. =	2	13
Capital Equipment/F.T.E. =	121	11
Computer Services/F.T.E. =	---	152
TOTAL	$385/F.T.E.	$1,549/F.T.E.

Thus we can see that nursing courses are roughly 4 times as expensive as non-nursing courses taken by nursing students (in terms of operating costs). This apparently is due to the high instructional faculty/student ratio of nursing courses and in part the $14,000 expended by the nursing program this year for computer services.

ADN Program in Comparison with Other Allied Health Programs Within Mt. Hood Community College

Since other Allied Health program operating cost figures were available for the 1973-74 academic year, comparisons were made with the nursing program on the same basis.

PROGRAM	DH	RT	ORT	OTA	PTA	MHW^2	NSG
FULL-TIME SALARIES (includes summer)	21,875	12,272	40,550	12,543	25,597	36,922	105,288
PART-TIME SALARIES (includes summer)	4,062	2,566	810	2,036	560	896	5,244
SECRETARY	840	910	910	700	840	2,520	2,643
BENEFITS (12.5% of lines 1 & 3)	2,862	1,656	5,220	1,674	3,339	4,414	13,491
COMPUTER SERVICES	---	---	---	---	---	---	14,000
STUDENT AIDE	---	---	---	---	240	---	---
SUPPLIES	2,686	273	1,000	1,010	562	500	2,000
A.V.	258	200	200	125	250	150	---
TRAVEL	350	450	220	370	450	2,125	1,200
TOTAL COSTS	32,933	18,327	48,100	18,458	31,928	47,527	143,866
HEADCOUNT	25	20	24	20	41	55	58
YFTE STUDENT	21	40	48	25	38	56	92
OPERATING COST PER YFTE	1,583	437	1,014	746	850	857	1,564

1. Calculated using YSCH ÷ 680. Starting with fall quarter enrollment and assuming attrition based on history of program.
2. Budget items for the MHW Program that are not projected to be continued after their grant period are not included (stipends, consultants, etc.).

3. The above figures do not include such obvious expenses as maintenance, capital equipment and Division Chairman's salary.

4. Using a general estimate of 50 percent of operating expenses for overhead (the business office has calculated overhead at 45 percent of salaries), some rough cost per YFTE extimations can be made.

PROGRAM	DH	RT	ORT	OTA	PTA	MHW	NSG
Cost/YFTE	$2,375	656	1,521	1,119	1,275	1,286	2,346

It can be seen that the nursing program is second only to the Dental Hygiene program in terms of operating cost per yearly full-time equivalent and total cost per yearly full-time equivalent. Again, this is the result of a high instructional faculty/student ratio, and expenditures for computer services.

Comparison of the cost of the Mt. Hood Community College Nursing Program with other Associate Degree Nursing Programs in U.S.

Education costs per student equivalent* for associate degree nursing programs in the Institute of Medicine study (1974) ranged from $1,065 to $2,130 for the 1972-73 academic year. The average cost of education was $1,665 a year. Mt. Hood Community College's average cost per student equivalent was $3,011 for the same year.

Why are the costs of Mt. Hood's nursing program so much higher than the other programs in the study? It is common knowledge that during the 1960's when many of the first associate degree schools were initiated, many of the programs consisted of a seven-term curriculum. As the nursing programs became more refined, and education costs sky-rocketed, most associate degree schools of nursing cut back to a six-term program Mt. Hood Community College's nursing program, however, consists of eight terms** of concentrated general and nursing education that includes exposure to diagnostic skills, precise behavior management, community health, terminal illnesses, etc., not common among other associate degree programs (see report 4.1 - "Examination and refinement of Curricular Outcomes for Competency Based Nursing Programs").

*Student equivalents are computed by dividing the number of credit hours the nursing school teaches annually by the number of nursing credits taken by a typical nursing student at each level in the program.

**Eight consecutive terms consisting of six quarters and two summer sessions within a period of two calendar years.

In fact, Mt. Hood Community College nursing graduates receive roughly twice as much nursing instruction as other ADN program graduates (see Table 1) in Oregon. Mt. Hood Community College Nursing students receive 104 Nursing credit hours per student during the 8 terms they are in the nursing program. The average number of credit hours taught by other ADN programs in the STATE of Oregon is just over 49 credit hours for the two years the students are in their respective programs. As a matter of fact, nursing students in a B.S. (4 year University) program in Oregon only receive between 86-101 credit hours of Nursing per student.

If we adjust the Mt. Hood Community College Nursing Programs' average cost per student equivalent for this large discrepancy in Nursing credit hours taught per student, more valid cost comparisons can be made as in Table 2.

Thus it can be seen that Mt. Hood Community College's costs per student equivalent are not a realistic figure for cost comparisons.

TABLE 1

Oregon Nursing Program Comparison
for Associate Degree Programs

School	Credit Hrs. Nsg, per student	Total credit hrs.
M.H.C.C.	104	138
A*	44	106
B	51	96
C	46	94
D	48	95
E	58	97
F (4 yr. B.S. program)	86-101	186-211 (includes 48-51 credits pre-nursing)

*School 3 in Table 2

TABLE 2

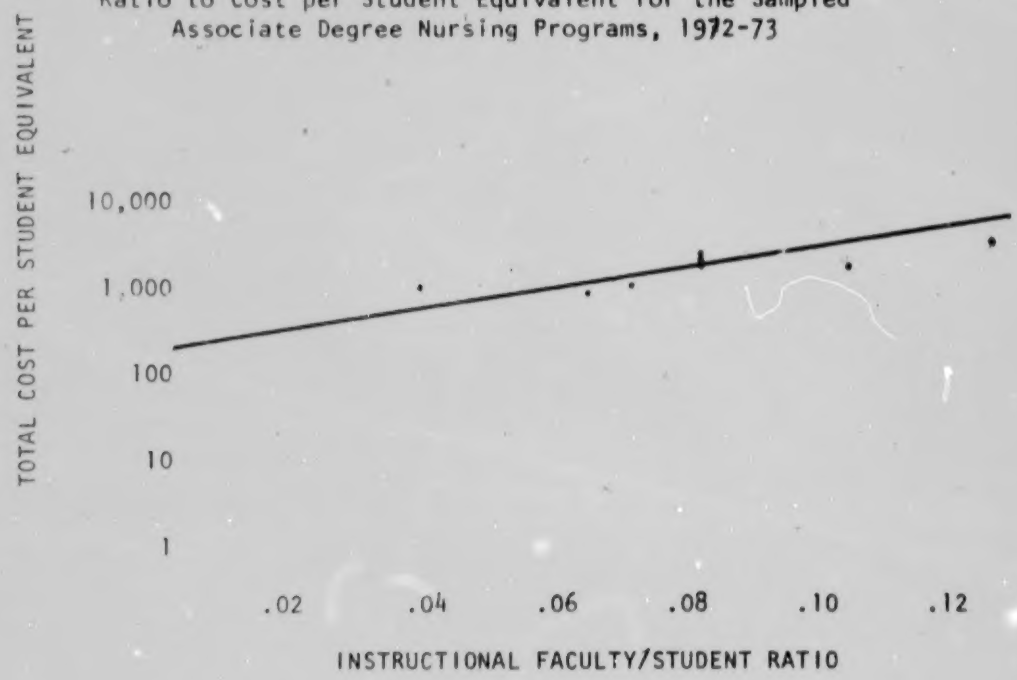
Costs of a
Cross-Section of U.S.
Associate Degree Programs surveyed by the Institute of Medicine (1974) Study

Cost Descriptor	Av.	School 1	School 2	School 3***	School 4	School 5	School 6	School 7	School 8	Mt.Hood	Adjusted** Mt. Hood
Faculty Salaries	$895	$541	$925	$1,029	$768	$1,213	$1,020	$932	$728	$1,806	$860
Other Direct Costs	207	166	133	144	143	194	307	315	251	433	206
Indirect Costs	553	357	150	332	655	432	622	723	1,151	760	362
Depreciation**	11	2	9	18	34	12	10	1	0	12	12
TOTAL	1,666	1,066	1,217	1,523	1,600	1,851	1,959	1,971	2,130	3,011	1,440

* Depreciation of buildings using straight-line method over 50 years.
** Mt. Hood Cost Descriptors/2.1 to reflect difference in nursing credit hrs. taught per student.
*** School A in Table 1

The Institute of Medicine stated that the major reason for variation in education costs of associate degree programs is the faculty cost per student resulting from differences in the instructional faculty/student ratio. The following figure shows that a direct relationship exists between the instructional faculty/student ratio and total costs per student equivalent.

Relationship of Instructional Faculty /Student Ratio to Cost per Student Equivalent for the Sampled Associate Degree Nursing Programs, 1972-73



Thus, Mt. Hood's comparatively high Instructional Faculty/Student ratio (.125) appears to be another reason for its relatively high cost per student equivalent ($3,011). Of course, the instruction faculty/student ratio is directly proportional to the number of credit hours taught per student.

Other variables that were tested by the Institute of Medicine for relationships to costs per student equivalent included:

1) average faculty salary
2) local consumer price index
3) number of clinical affiliates for the school
4) length of program
5) faculty size
6) percent of time spent in clinical experiences
7) indirect cost as a percentage of direct cost

None of the above factors had any significant relationship to cost per student equivalent for the schools in that study.

"Nurses in Waiting"*

Introduction:

The issue has been raised that the nursing program may be an asset to Mt. Hood Community College for some other reason than the excellent nursing instruction given. The contention is that many non-nursing students are enrolled in general education courses within the college in preparation for Mt. Hood's nursing program. If this is true, these students may generate F.T.E. reimbursement for the college which would be lacking in the absence of the nursing program.

In order to correctly estimate F.T.E. reimbursement generated during the 1973-74 academic year by students enrolled in general education courses within the college who were planning on entering the nursing program next year, the project staff felt they need only be interested in students who:

1) completed course work at Mt. Hood Community College during the 1973-74 academic year (one has to be enrolled to generate F.T.E.'s);

2) were listed as Associate Degree Nursing majors in the college's printouts of Students by Declared Major (one must be interested in nursing as a profession); and

3) applied for the nursing program for the 1974-75 academic year (one must show intent to enter Mt. Hood's nursing program).

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*"Nurses in Waiting" are students enrolled in general education courses within the college who have their name listed as an Associate Degree Nursing major and who apply for Mt. Hood Community College's Nursing Program.

Method:

1) Since 1973-74 academic transcripts of all guaranteed admission[1] students were available for analysis, an accurate F.T.E. figure for this group was readily available.

2) In order to estimate F.T.E. reimbursement generated by other "nurses in waiting", the following telephone survey was conducted on a random sample of seventy students from among the total population of 233 students listed as associate degree nursing majors in the fall Mt. Hood Community College printout of Students by Declared Major who are not already in the nursing program or classified at 1973-74 guaranteed admission students.

Form 1.0

Name ________________________

	YES	# HRS	NO	UNCERTAIN
1) Were you enrolled at MHCC this year?				
If the answer to #1 is yes, continue.				
2) How many hours did you take?				
3) Did you, or do you now plan on entering MHCC ADN Program?				
4) Did you, or do you now plan on entering another nursing program?				
5) Have you applied to the MHCC Program?				
6) Have you applied to any other nursing programs?				

Results:

1) Guaranteed Admission students generated approximately 4.5 F.T.E. for Mt. Hood Community College during the 1973-74 academic year as shown in Table 1.

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[1] 1973-74 Guaranteed Admission students are students who will be accepted into the Nursing Program in the Fall, 1974, if they maintain a "B" gradepoint average in courses specified by the Nursing Faculty.

Table 1.1

Guaranteed Admission Students Enrolled at Mt. Hood Community College

Student	Number of F.T.E. Generated
A.	.4
B	.6
C.	.7
D	.7
E	.8
F	-
G	-
H	.3
I	.6
J	-
K	.4
TOTAL	4.5

2) The responses to the random telephone survey of seventy students (excluding question #2), were as follows:

		YES	NO	UNCERTAIN
1)	Were you enrolled at MHCC this year? (If the answer was no, we stopped asking questions)	18	52	
3)	Did you, or do you now plan on entering MHCC ADN Program	10	6	2
4)	Did you or do you plan on entering another nursing program?	2	10	6
5)	Have you applied to the MHCC program?	8	10	
6)	Have you applied to other nursing programs?	5	12	1

The responses of eight students who meet our criteria as "Nurses in Waiting" were as follows:

	YES	Total F.T.E.'s Generated	NO	UNCERTAIN
1) Were you enrolled at MHCC this year?	8			
2) How many hours did you take?		5.5		
3) Did you, or do you now plan on entering MHCC ADN Program	8			
4) Did you or do you now plan on entering another Nursing Program?			4	4
5) Have you applied to the MHCC Program	8			
6) Have you applied to any other nursing programs?	3		4	1

Since eight of the seventy students surveyed could be classified as "Nurses in Waiting" and they generated 5.5 F.T.E.'s, we can estimate that our total population of 233 students would generate about 18.3 F.T.E.'s.

Twenty-one people were listed on the winter printout of Associate Degree nursing majors who did not appear on the fall printout. Since our fall survey indicated that approximately .08 "Nurse in Waiting" yearly F.T.E.'s were generated per student listed, we estimate that these twenty-one people will generate an additional 1.1* "Nurses in Waiting" yearly F.T.E.'s. Our best estimate of "Nurse in Waiting" F.T.E.'s generated by people listed only in the spring is about .5 F.T.E.

If we sum the F.T.E.'s estimated through the survey and the F.T.E.'s generated by guaranteed admission students we come up with a total of 24.4 yearly F.T.E.'s generated by "Nurses in Waiting" as shown in Summary Table 2.

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*(.08 F.T.E./student listed) x 21 students x 2/3 (of the academic year) = number of "Nurses in Waiting" F.T.E.'s generated by people listed in the winter who did not appear on the fall printout.

Table 2.1

SUMMARY - YEARLY F.T.E.'s GENERATED BY NURSES IN WAITING

Category		F.T.E.
Guaranteed Admission		4.5
Students listed in fall printout		18.3
Students listed in winter printout		1.1
Students listed in spring printout		.5
	TOTAL	24.4

If we assume these "Nurses in Waiting" would attend some other college if the nursing program were not in existence at Mt. Hood Community College, the college would lose 24.4 yearly F.T.E.'s.

Analysis of Faculty Activities

Introduction

Besides being key institutional resources, faculties are the primary users of financial resources. Their salaries often represent sixty to eighty percent of institutional operating budgets. Funds to pay faculty salaries from from taxes, public contributions, and tuition. Interest in faculty activities is high because faculty are very visible and they constitute the major institutional expense.

The explicit justification for these faculty time studies rested upon two basic assumptions:

1) That certain faculty activities are related to the quality of the learning environment created by the institution.

2) That mixes of faculty workloads influence the costs of producing a learning environment.

Thus, the "A-Fillitin"* study has been seen as a tool to investigate faculty influences on the quality of education and possibly to reduce its cost.

The project staff felt that it was essential that each faculty member feel that the report form give him ample opportunity to describe accurately the kinds of activities that he performed during the period under study. Planning the A-Fillitin form was difficult because the more provisions made for distinctive responses, the more difficulty the analysis and the longer the form. The A-Fillitin form was felt to be a tool which would give each faculty member the opportunity to express adequately how he has spent his time, and at the same time, preserve the simplicity of data tabulation and analysis that is desirable.

*Analysis of Faculty Activities

During a meeting between the nursing faculty and project staff, it was determined that the following types of activities should be included in the activity recording form:

1) Number of minutes actually devoted to conducting class.
2) Number of minutes consumed in preparation for conducting class.
3) Number of minutes required to grade papers and tests.
4) Number of minutes devoted to holding personal conferences with students in relationship to classes.
5) Number of minutes spent in faculty meetings.
6) Number of minutes spent in contact with other health care agencies.
7) Number of minutes spent with Admission of new students.
8) Number of minutes spent traveling between Mt. Hood and other areas where "instructional" activities took place.
9) Number of minutes spent with communications within the college (telephone, memos, etc.).
10) Non-instructional activities such as cleaning linen, taking inventory, etc.
11) Any other activities which may have consumed faculty time, i.e. grantwork.

Method:

The A-Fillitin activity recording forms (Form 1.1) were circulated to the entire working faculty during two five-week sampling periods. Each faculty member was asked to keep a record of his activities one day per week on the day specified in the Order Matrix (Forms 1.2 and 1.3). The first five-week period sampled was the last five weeks of the fall term; the second five-week period sampled was the first five weeks of the winter term. It was assumed that this ten-week sampling period would include all activities that consumed faculty time during the year.

Form 1.1

Nursing
Activity Recording Form

11/73

A-FILLITIN

Instructional Activities	Time Spent	# Students Involved
Class Preparation		
Counseling		
Grading		
Teaching		
Clinical Supervision		
Communications (telephone, memos, etc.)		
Faculty meetings		
Agency contact		
Admission work		
Travel		
Non-Instructional Activities		
Cleaning Linen		
Taking Inventory		

Form 1.2

ORDER MATRIX

Instructor	Nov. 12 1st	Nov. 19 2nd	Nov. 26 3rd	Dec. 3 4th	Dec. 10 5th
A	Mon	Fri	Tues	Wed	Thurs
B	VACATION				
C	Tues	Wed	Thurs	Fri	Mon
D	VACATION				
E	Wed	Thurs	Fri	Mon	Tues
F	Thurs	Fri	Mon	Tues	Wed
G	Fri	Mon	Tues	Wed	Thurs
H	Mon	Fri	Tues	Wed	Thurs
I	Tues	Wed	Thurs	Fri	Mon
J	Wed	Thurs	Fri	Mon	Tues
K	Thurs	Fri	Mon	Tues	Wed

Form 1.3

ORDER MATRIX

Instructor	Jan. 7 1st	Jan. 14 2nd	Jan. 21 3rd	Jan. 28 4th	Feb. 4 5th
A	Mon	Fri	Tues	Wed	Thurs
B	Tues	Wed	Thurs	Fri	Mon
C	Wed	Thurs	Fri	Mon	Tues
D	Thurs	Fri	Mon	Tues	Wed
E	Fri	Mon	Tues	Wed	Thurs
F	Mon	Fri	Tues	Wed	Thurs
G	Wed	Thurs	Fri	Mon	Tues
H	Thurs	Fri	Mon	Tues	Wed
I	Tues	Wed	Thurs	Fri	Mon
J	Fri	Mon	Tues	Wed	Thurs

Results:

The A-Fillitin Activity Recording forms indicate that the average nursing instructor spends approximately eight and one-half hours a day or forty-three hours a week in faculty-related activities as shown in Table 3.1.

Table 3.1

INSTRUCTOR

Av. Hrs/day spent in	A	B	C	D	E	F	G	H	I	J	K
Class preparation	1.3	1.0	.3	2.5	.8	1.7	1.1	1.2	1.3	1.0	.5
Clinical supervision	2.3	1.0	-	1.1	1.6	.1	-	1.1	1.6	-	.7
Counseling	.7	.4	.3	.7	1.0	1.0	.1	1.1	.8	1.2	1.7
Grading	1.4	.3	-	.6	.9	.6	5.6	1.2	1.1	1.1	1.6
Teaching	.9	1.0	.4	2.7	1.0	1.1	1.5	.8	1.6	1.3	.5
Testing	-	-	-	-	-	.1	-	-	-	-	-
Admission Work	-	-	.5	-	.1	-	-	.2	-	-	.4
Agency Contact	-	.1	.8	.1	-	.3	-	.6	.3	.2	-
Communications	.2	-	1.1	.4	.1	.9	-	.9	.2	.8	.1
Faculty Meetings	1.2	1.2	1.8	1.4	1.4	.8	.5	1.4	1.2	1.5	.4
Planning Schedules	-	-	-	-	.2	.1	-	-	.1	-	-
Other Admin. Activ.	-	.2	1.0	-	1.2	.5	-	.2	-	.4	.2
Travel	.5	.5	-	1.0	.2	.2	-	.1	.3	.5	.1
Project Time	-	.8	1.7	-	.4	.5	-	-	-	-	.9
Ordering Supplies	-	-	-	-	-	-	-	-	-	-	.4
Charts, Comp. forms	.3	-	-	-	-	.3	-	.2	.3	-	.4
Write Student Cont.	-	-	-	-	-	-	-	-	-	-	.1
Timing Concept Test	-	-	-	-	-	-	-	-	.8	-	-
Other Misc.	.2	-	-	-	.1	.1	-	-	-	-	-
Av. total/day	9.0	6.5	7.8	10.5	9.0	8.3	8.8	9.0	9.6	8.0	8.0
Av. total/week	45.0	32.5	39.0	52.5	45.0	41.5	44.0	45.0	48.0	40.0	40.0

The distribution of each nursing instructor's workload in Table 3.2 indicates the percentage of each individual instructor's time spent in various activities

Table 3.2

INSTRUCTOR

% Time Spent in	A	B	C	D	E	F	G	H	I	J	K
Class preparation	14.3	15.8	3.3	24.0	8.7	20.0	12.3	13.1	14.2	12.5	6.3
Clinical supervision	25.1	15.0	-	10.6	18.0	1.3	-	11.9	17.0	-	8.8
Counseling	7.6	6.3	3.3	6.3	11.0	11.7	1.1	12.5	7.9	15.3	21.4
Grading	15.4	4.3	-	5.8	10.0	7.5	63.8	13.6	11.9	13.3	19.5
Teaching (lecture)	10.3	15.4	4.9	26.0	11.2	13.6	17.1	9.4	17.1	16.7	6.3
Testing	-	-	-	-	-	1.0	-	-	-	-	-
Admission Work	-	-	6.5	-	1.2	-	-	1.7	-	-	5.0
Agency Contact	.3	2.1	9.8	1.0	-	3.3	-	6.3	2.6	2.1	-
Communications	2.3	-	14.7	3.8	.6	10.8	-	10.1	2.5	10.4	1.3
Faculty Meetings	12.8	18.9	22.8	13.5	16.1	10.1	5.7	15.5	12.3	18.8	5.0
Planning Schedules	-	-	-	-	1.9	.8	-	-	.5	-	-
Other Admin. Activ.	.3	2.4	13.0	-	13.7	6.0	-	2.1	-	4.7	2.5
Travel	5.4	7.1	-	9.1	2.5	2.9	-	1.6	2.8	6.3	1.3
Project Time	-	12.6	21.7	-	4.3	5.9	-	-	-	-	11.3
Ordering Supplies	-	-	-	-	-	-	-	-	-	-	5.0
Charts, Comp. Forms	3.7	-	-	-	-	4.1	-	2.1	2.9	-	5.0
Writing Student Cont.	-	-	-	-	-	-	-	-	-	-	1.3
Timing Concept Test	-	-	-	-	-	-	-	-	8.1	-	-
Other Misc.	2.4	-	-	-	.9	.9	-	-	-	-	-

When total time spent per faculty activity is summed across all faculty members, it becomes obvious that instructional activities consume the bulk of the faculty's total time (Table 3.3 and Figure 1.0).

Table 3.3

Proportion of time spent:

	Activity	Percent
greatest →	Grading*	14.4
	Class preparation*	13.7
	Teaching*	13.7
	Faculty Meetings**	13.5
	Clinical Supervision*	11.3
	Counseling*	9.7
	Communications**	5.0
	Other Administrative Activities**	3.9
	Project Time***	3.6
	Travel***	3.5
	Agency Contact**	2.3
	Charts and Computer Forms***	1.9
	Timing Concept Tests***	1.2
	Admission Work**	1.0
	Other Miscellaneous***	.5
	Planning Schedules**	.4
	Ordering Supplies***	.3
	Testing*	.1
least →	Writing Student Contracts**	.1

*Instructional activities which consume 62.9 percent of the faculty's time.
**Administrative activities which consume 26.1 percent of the faculty's time.
***Miscellaneous activities which consume 11.0 percent of the faculty's time.

Conclusion:

Given the range in the number of working hours per week reported by faculty members, percentage of time obviously cannot be used for intra-faculty member comparisons of teaching costs per faculty activity. For example, if two faculty members teach separate sections of a single course, each having the same salary and spending ten hours a week in contact with students, but one reports she spends twenty percent of her fifty-hour work week teaching, whereas the other spends 28.6 percent of her thirty-five hour work week on teaching, different amounts will be charged to instruction in the two cases by the percentage-of-time approach. Clearly, this would be ridiculous; the same cost should be charged in each case.

If we look at the total amount of time spent per faculty activity (Table 1.3) however, two relevant questions can be raised:

1) Is the proportion of time spent in Faculty Meetings (13.5 percent) justifiable in terms of benefits derived?
2) Can we alleviate the burden of grading (14.4 percent) activities to any extent?

During a meeting between project staff and the Nursing Faculty, the faculty indicated that meetings should involve much more prior preparation. Faculty can be notified in advance of meetings in which certain key issues have to be resolved. Faculty meetings should involve more decision-making and less "brain-storming" and "philosophizing". Possibly some decisions which in the past have required "faculty consensus" could have been handled just as satisfactorily by one or two faculty members. Any relevant reports that should be brought to the attention of the faculty members could be sent out instead of being presented in faculty meetings. Many problems could probably be handled by a one-to-one conference with a faculty member and the Coordinator of the program.

The burden of grading (14.4 percent total faculty time) could be greatly lessened if students graded themselves. Keys to "write" and "say" competencies could enable students to check one another instead of demanding such a large portion of the instructor's valuable time. "Do" competencies could possibly be handled by some sort of video-tape mechanism. The possibilities are almost endless. Whatever mechanisms that were set up would have to include spot checks on the students' integrity, but by no means should involve such a large portion of faculty time.

Possible benefits to be derived from a redistribution of faculty activities could include:

1) lower program costs due to the need for fewer faculty per students enrolled;

2) ability to handle more students;

   a) move students through the program faster,

   b) more students per faculty member;

3) higher quality students

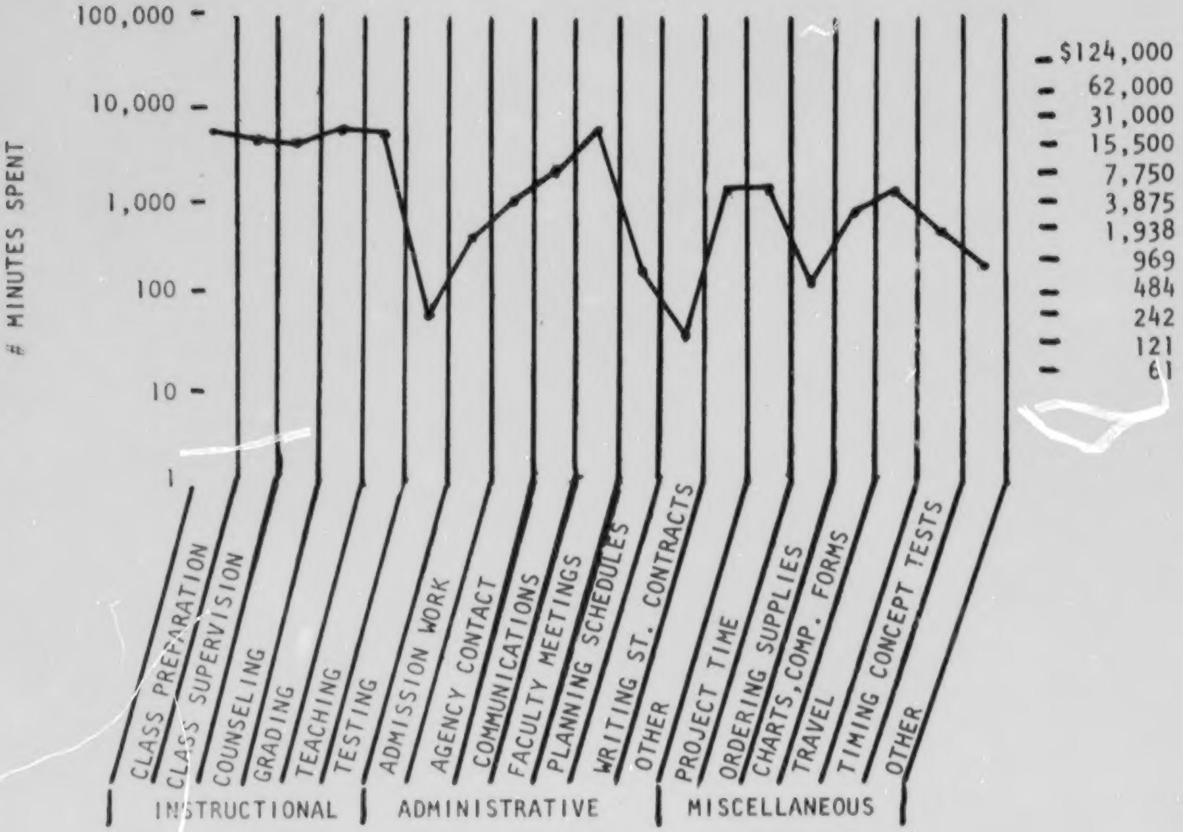
   a) more correct demonstrations of competencies, less errors,

   b) spend more time preparing students for State Board Exams.

As depicted graphically in Figure 1.0, time is money.

FIGURE 1

DISTRIBUTIONS OF FACULTY WORKLOAD



Program Cost Effectiveness - Cost-Benefit, Benefit for the Learner

The first nine sections of this report attempted to assess the cost to and benefit for the institution (Mt. Hood Community College) for having as part of its services an associate degree nursing program. This was seen as a necessary step in developing a foundation to examine the issues of cost-effectiveness and cost-benefit. On one level this task has been accomplished by combining traditional cost-analysis techniques and the inherent accounting procedures. Educational facilities, however, provide at best an estimate of the total cost of operating a nursing program. Many problems still exist in knowing the real costs written into the program.

It was our initial aim that given competency-based educational practice, precise measurement of those competencies and known differential costs, alternatives to payment of tuition by the learner could be explored. While this is the aim of this project and nursing program, subsequent effort will be (in this report) towards laying the foundation for the eventual goal of educational costs being assessed in terms of outcomes and not time.

The problem in defining benefit for the learner has been historic. Competency-based education has moved us closer to examining present rather than futuristic benefits for the student. Cost benefit analysis has traditionally meant assessing the worth of existing and proposed projects. It involved the enumeration and evaluation of all relevant costs and benefits discounted at the cost of capital over the time period under consideration.* Ideally, benefits should exceed costs or $\frac{\text{Benefits}}{\text{Costs}} > 1$. Investments have been thought to require a sacrifice of present consumption in order to obtain future benefits in the form of higher levels of income. Cost-benefit analysis is used as a means of assessing future benefits in the light of the costs incurred in the present. The purpose of cost-benefit analysis is to provide a measure of the rate of return of the investment.

---

*Since, in the real world, a dollar today is worth more than a dollar two years hence.

The conventional wisdom in the field of economics has looked upon education as an investment, similar to the investment in producer durable goods, and considers the rates of return to the individual as indicators for the allocation of this investment. A problem arises here because the future benefits from an investment in education include non-economic benefits, and even some of the economic benefits are hard to quantify. Applications of cost-benefit analysis to education tend to focus on the economic benefits of education. Consequently, many educators have argued that cost-benefit analysis is not applicable to education, because of multiplicity of educational objectives, and the importance of non-economic benefits. Unfortunately, cost-benefit analysis, in the present state of the art, does not provide an appropriate means of analyzing social, political, and cultural consequences of education. This does not mean that cost-benefit analysis should be abandoned altogether, but that benefits can be seen as present and not futuristic.

Attempts at cost-benefit analysis have focused attention on certain key variables in a country's educational or economic system, specifically relative costs of different types of education and relative earnings of different categories of manpower. Thus, cost-benefit analysis has been used in gaining information for making policy decisions related to educational program development and not considered in relationship to benefit for the learner per se.

For the purpose of national cost-benefit analysis, costs are defined in terms of the total opportunity cost of a program i.e., all real resources that are used by the program. Every investment made in the program represents a sacrifice of alternative opportunities to use the resources for present consumption or for some other form of investment. The educational system uses resources which have alternative uses, even though these are not reflected in normal expenditures on education. For example, students' loss of present income should be counted as one of the opportunity costs of education, since it represents a sacrifice of real resources.

The measurement of costs in cost-benefit analysis involves far more than a simple calculation of money expenditures. It is assumed that an attempt be made to estimate the total cost of investment in education, in terms of alternative opportunities forgone by either the individual or society as a whole. The relevant cost is seen as the total resource cost of education to the economy. All items should be considered alike in being approximate measures of the opportunity cost of physical resources. Teachers' salaries are no more a "real" cost than forgone earnings. All costs are opportunity costs.

Cost-benefit analysis is generally seen as a technique of marginal analysis. That is to say, we will want to know whether the establishment of project C will be 1) worthwhile at all, and/or 2) superior (or inferior) to an alternative project D.

Various components of cost-benefit analysis have been outlined and costs can be viewed from the standpoint of society, the individual, and the different levels of government.

The following has been seen as necessary for evaluating education as an investment for the individual, the relevant costs are those incurred by the student or his family. Indirect costs should be included, in the form of forgone earnings.

COSTS

Society	Individual	Government
1. Gross opportunity costs.	1. Net opportunity costs.	1. Net costs of instruction and supplies.
2. Operating costs of school	2. Loss of transfer payments	2. Capital needs
3. Capital expenses of school	3. Extra costs related to program participation minus average value of scholarship.	3. Net Administrative costs.
4. Induced reductions in gross income of workers displaced by program graduates (displacement).		4. Subsidies paid during training.

These costs can be combined to give an estimate of the annual cost per student of each type of education.

Society benefits from a program to the extent that total income is increased. However, individuals who pay the resulting taxes do not benefit directly from them, so taxes must be subtracted from increased earnings when private benefits are calculated. Also, the government does not gain the full benefit from potential increased earnings. The following have been viewed as benefits for society, individual, and government.

BENEFITS

Society	Individual	Government
1. Increase in gross earnings of program participants.	1. Increase in net earnings.	1. Increase in taxes a) from participants b) from other
2. Increases in other gross income. a) To pay for fringe benefits. b) Due to other resources becoming more productive. c) Due to increasing the productivity of future generations as children become better educated. d) Due to previously unemployed workers taking jobs vacated by program participants.	2. Additional fringe benefits due to increased income.	2. Decrease in expenses of a) unemployment insurance b) employment serv. c) welfare programs d) crime control
3. Reduction in administrative expenses of transfer payment programs.		
4. Reduced costs to society due to bad citizenship.		

Project report number 5.1 further discusses traditional views of cost-benefit analysis. As can be seen, benefit has historically been articulated in economic and futuristic terms.

The effort of this report is to define benefit as gains for the learner relative to the acquisition of intended curricular outcomes. Effectiveness is program changes that increase the benefits for the learner. The following is an attempt to define:

1. Cost as those incurred directly by the nursing program and college in providing an associate degree in nursing.
2. Effectiveness are changes in the program either curricular, administrative, or program costs which functionally produce change in benefit for the student. This can be expressed in the following ratio:

$$\frac{\text{Learner Benefit}}{\text{Program differences}} = \text{Effectiveness}$$

3. Benefits are performance gains for the student relative to curricular change.

4. Cost-Benefit is the difference in amount of change necessary based on present performance relative to desired levels of performance, divided into the cost. This can be expressed in the following ratio:

$$\frac{\text{Cost unit (time)}}{\text{Amount of demonstrated growth necessary for gain}} = \text{Cost-Benefit}$$

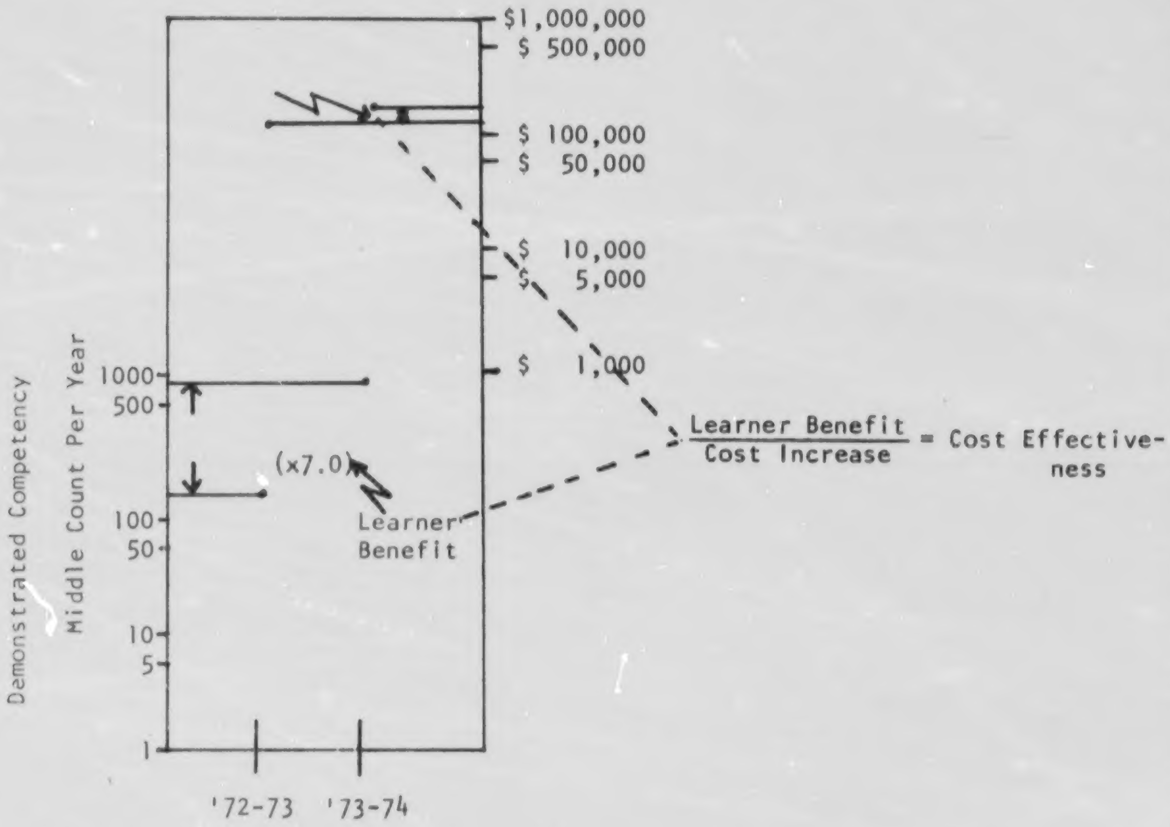
While a number of performance characteristics could be used, i.e., celeration, variance, number of competencies, etc., selection for illustration here is based on known differences across different groupings of levels. These groupings are students who exited the program at different nursing levels - Aide, Licensed Practical Nurse, and Associate Degree in Nursing. These differences have been reported in Final Project Report Number 4.1. The purpose of using measured differences for those three level learner groups is two-fold. First, to demonstrate that present benefits cannot solely be defined by number of competencies acquired; and second, to use data which has demonstrated that absolute frequence of learner performance is a description desired of proficiency competencies acquired.

As has been reported in Project Report Number 4.1, those learners who exited the program at the Associate Degree level demonstrated equivalent competencies. A higher absolute frequency given that absolute frequency allows for different statement of proficiency for learners. An assumption can be made that gain (benefit) for the learner can be stated as increased proficiency.

Using increased proficiency for the learner as learner benefit, we can begin to demonstrate cost-effectiveness. During the academic year, 1973-74, the nursing curriculum was rewritten to make competencies explicit. This was done with a Write-Say-Do model (see Report Number 4.1). As a consequence of rewriting the curriculum, learner proficiency increased.

Figure 1 allows examination of both cost-effectiveness and learner benefit.

Figure 1.0

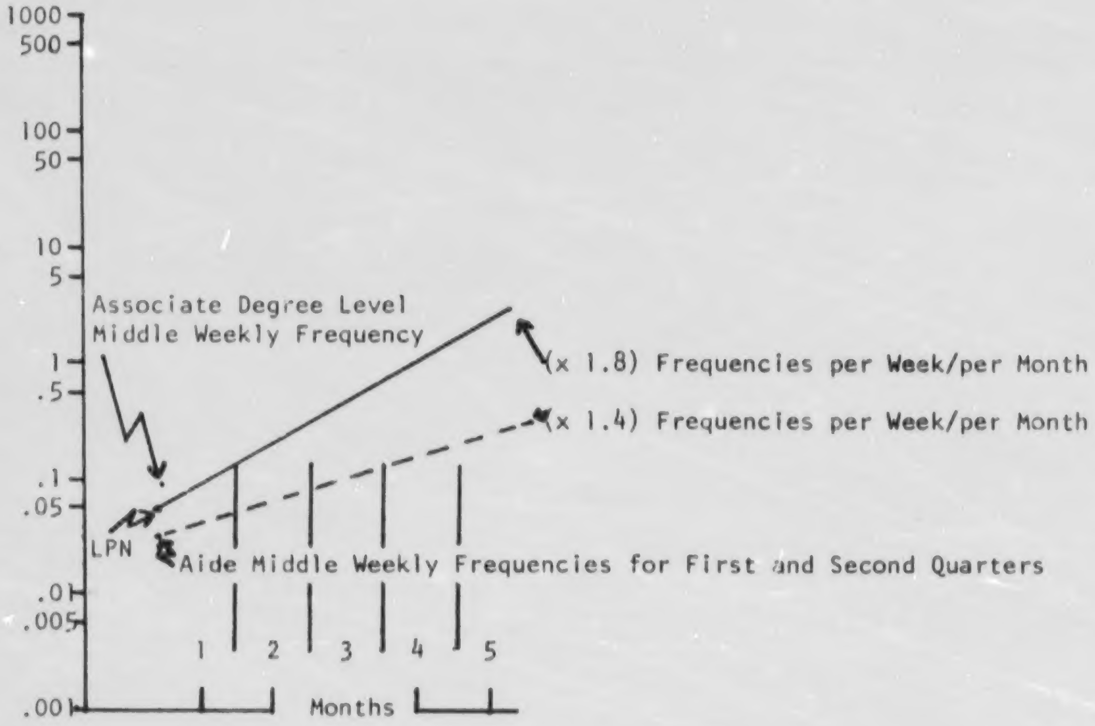


It can be seen that the program cost increased times (x) 1.2 while the learner gain was times (x) 7.0. The cost effectiveness of the program was times (x) 5.8. For dollar difference there was an increase of 580 percent in learner benefit.

In order to illustrate cost-benefit for the learner the amount of time (cost unit) necessary for those exiting the program as Aide or Licensed Practical Nurse to reach the same level of proficiency as learners exiting at the Associate Degree level can be demonstrated. Figure 2.0 allows examination of differences in time necessary based on demonstrated growth (celeration) between Aide and Licensed Practical Nurse level learners to reach proficiency of Associate Degree level learner.

Figure 2.0

Difference in Gain (Cost-Benefit) of Demonstrated
Growth (Celeration) Between Aide and
Licensed Practical Nurse in Reaching Registered Nurse Levels of Proficiency



Based on celeration of Aide middle weekly performance during the first and second quarters, academic year 1972-73, which is a times (x) 1.4, it would take this group three and a half months to reach the same proficiency as learners at the Associate Degree level of nursing. It would take the Licensed Practical Nurse learners only one and a half months to reach the same level of proficiency. Assuming that a dollar amount can be ascribed to the amount of time necessary a cost-benefit ratio can be computed. If, for example, a crude cost figure for cost per month for each learner of $687 (figure obtained by using total program cost by faculty ratio which in turn was divided by number of months in an academic year) is used the cost-benefit would be $490 per month for Aides and $381 per month for the Licensed Practical Nurse group. The cost-benefit for the Licensed Practical Nurse group is obviously greater.

The preceding has been offered as an initial attempt to examine performance-competency-based cost-benefit and is offered to demonstrate that the present, not futuristic cost-benefits, can be made. At some point it seems feasible that cost to the learner can be assigned on the basis of desired curricular outcome.

EXAMINATION OF THE RELATIONSHIP BETWEEN DESIRED PATIENT OUTCOMES AND EXPECTED CURRICULAR OUTCOMES IN A COMPETENCY-BASED NURSING PROGRAM

FINAL REPORT 6.1

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Mt. Hood Community College Nursing Program

This report is part of: An Investigation of the Cost-Benefits and Consumer Outcomes Related to Competency-Based Education in a Community College. Support for this project comes from The Fund for the Improvement of Post-Secondary Education, U.S. Department of Health, Education and Welfare.

These reports are used for informal communication and are not for citation or distribution without the approval of Mt. Hood Community College, 26000 S. E. Stark Street, Gresham, Oregon 97030.

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OVERVIEW

Introduction

Since the 1967 Economic Opportunity Act, the consumer has been taking an increasingly prominent role in planning, implementation and setting policies for health care organizations. While professionals have demonstrated an increasing awareness that patients have a great deal to contribute, nursing education has had limited input by the consumer.

Mt. Hood Community College has been involved in constructing a competency based, career ladder, nursing program with the assumption that any good educational program should be able to state the behavioral outcomes of the educational process.

This report describes efforts directed toward the determination of the relationship between patient outcomes, program product behaviors, and course behaviors. The activities relative to this objective were to create and meet with a consumer advisory committee in order to generate a list of desired patient outcomes that would occur as a result of nursing care by Mt. Hood Community College students; and additionally, to analyze desired patient outcomes within and across nursing levels (aide, practical nurse and registered nurse). It was our original intention to establish two advisory groups, one patient and the other professional consumers. While there was a high degree of committment demonstrated by the patient group, we were unable to sustain the same level of participation by the professional group.

Method

In order to elicit, retrieve, and utilize the input of a patient advisory group it was seen as necessary to equip the group with proficiency in precise behavioral description of nursing. For this reason, the group was kept small. Certain measures were taken to increase the level of confidence in the group input, even though the number of patients was small: 1) a description of the advisory committee is provided on critical parameters; 2) a description of the group process is provided; 3) there was an examination of the differences in the value given the nurse by the patients before and after their participation in the advisory committee; and 4) consumer advisory committee members value given the nurse was compared with value judgements of a larger sample of patients.

The Mt. Hood Nursing Faculty generated a list of selection criteria for the patient advisory committee to insure that committee members represented the population and had a variety of health care experiences. The twelve member advisory committee met **eight** times over an eight month period.

Table M.1 summarizes the activities and dates of the meetings.

Table M.1

Summary of Consumer Advisory Committee Input Sessions For generating desired nursing competencies

Session	Date	In Attendance	Activities
1	15 Nov 73	11	1) Introductions 2) Explanation of the desired out-comes of project 3) 1st teaching session 4) Home work assignment 5) Perception measure
2	6 Dec 73	12	1) Collate homework 2) 2nd teaching session 3) In 3 subgroups generating nursing competencies
3	13 Dec 73	11	1) Using General Categories constructed from competencies generated second session, continued input focused in these categories (3 subgroups)
4	3 Jan 74	7	1) Refine previously generated competencies that did not meet pinpoint rules (2 subgroups)
5	24 Jan 74	8	1) Ranking of general categories with no consideration of setting 2) Ranking for value of specific competencies under each general category (2 subgroups)
6	31 Jan 74	8	1) Continuation of ranking of specific competencies under each general category (2 subgroups) 2) Ranking of general behaviors categories when considering hospital as setting
7	7 Feb 74	8	1) Ranking for value of general categories when Office is considered setting 2) Continuation of ranking for value specific behaviors under general categories 3) Rank for value of general categories when Community is considered setting
8	6 June 74	7	1) Presented results of their efforts and asked for conclusions they might draw from the information

Results

A) How do consumers of nursing services compared with health professionals, perceive the role of the nurse?

Patients and health professionals showed some agreement regarding overall value placed on the nurse in the hospital, office and community. Professionals agreed more strongly with one another as to the overall value of the nurse than did the patient group. The distributions of both professional and patient opinions in ability to distinguish the nurse from other health care agents were similar. Where the nurse's role was unclear, as in the community setting, agreement within each group was low. Where the role was clear, as in the hospital setting, agreement was very high within each group. Both professionals and patient group members felt more knowledgeable about nursing than "the man on the street".

B) What are the differences in opinions about nursing between the patient advisory committee members and a larger sample of patients?

The patient advisory group and the larger patient sample were relatively similar on the selected population variables. Agreement was high among the two patient groups regarding the overall value of the nurses. Both groups tended to be more confident in their ability to distinguish the nurse from other health care personnel in the hospital setting and less confident about identifying the nurse in the community setting. Both the patient advisory group and the larger sample saw themselves as more knowledgeable than "the man on the street". Although the overall agreement was higher within the larger sample, there is sufficient similarity in the two samples to lend confidence to the selected advisory group as representative of the general population.

C) Do patient consumers who participate in a process of helping refine a nursing curriculum change their perceptions of the role, value and importance of the nurse?

A sign test for difference between members' views before and after their participation in the advisory group revealed no significant differences. After the group participation, members tended to place a higher value on nurses. The group's perceptions of role importance remained remarkably stable.

D) What are desired nursing outcomes seen by the patient and the relative value they place on them compared with ranked values by health professionals?

The 225 behaviors generated by the patient group were grouped into twelve general categories and ranked for relative importance by the patients and the health professionals. Comparative rankings are displayed in Table II.

Table II:Value Ranks for Importance of Nurse Behaviors

Rank	Patient Advisory Committee	Professional Advisory Committee
12	Gives physical care	Provides individualized care
11	Works safely	Gives physical care
10	Provides individualized care	Works safely
9	Making patient feel important	Making patient feel important
8	Gives support to grieving and terminally ill	Gives support to grieving and terminally ill
7	Teaches	Explains
6	Explains	Is adaptable
5	Respects privacy	Respects privacy
4	Has pleasant appearance	Teaches
3	Is adaptable	Relays information
2	Relays information	Has pleasant mannerisms
1	Positively interprets and follows hospital policy	Positively interprets and follows hospital policy

E) What is the relationship of the desired nursing competencies generated by the Patient Advisory Committee to the M.H.C.C. Nursing Program?

Only one competency, "retire if nursing just becomes a job" generated by the consumer advisory group could not be identified within the competencies of the curriculum.

Examination of the distribution of patient-generated competencies within the curriculum shows that 85% had been introduced by the end of the second quarter of the program and 93% by the end of the fourth quarter. Students may take the examination for Licensed Practical Nurse at the end of the fourth quarter.

Celeration of student performance on the frequency of demonstrating the behaviors most and least valued by the patients suggests that the least valued patient behaviors were increasing (accelerating) over time. Performance of behaviors most valued by the patients remained the same (no celeration). The absolute frequency for the most valued and least valued were similar initially, but during the third week, performance on the least valued competencies were occuring approximately 1.5 times more frequently. The frequency of demonstrating combined high and low value patient nursing competencies were similar for both first and second year students.

Conclusions

Faculty concluded that the nursing program is sensitive to the needs of the consumer. Ninety-three percent of the behaviors given high value ranks by the patient advisory committee are presented to students by the end of the fourth quarter. These behaviors are emphasized throughout the remaining curriculum.

GLOSSARY

DESIRED PATIENT OUTCOMES

The following is a list of terms and definitions which are used throughout the report.

1. Patient Advisory Committee was a group of twelve patients responsible for generating the list of desired patient outcomes.
2. Larger Patient Sample was a group of thirty-two patients in clinical settings in and around the Portland-metropolitan area to whom students and faculty administered the opinion survey concerning role importance of the nurse.
3. Professional Advisory Committee is a standing advisory group (twelve individuals) to the Mt. Hood nursing program and is made up of nurses, student nurses, physicians and administrators.
4. Larger Professional Sample was sixteen professionals who gave opinions concerning the role of the nurse in clinical settings in the Portland-metropolitan area.
5. General Categories of Patient Generated Behaviors were twelve general categories incorporating the 225 specific competencies generated by the Patient Advisory Committee.
6. Patient Value Categories were ten categories incorporating twenty-two to twenty-three nursing behaviors, ranked from those most valued by the consumer to those least valued.

FINAL REPORT 6.1

This report concerns the relationship between opinions of patients and health professionals regarding competencies nurses should display and the curricular outcomes of the Mt. Hood Community College nursing program. It addresses Project Objective 5:

Objective #5: To determine and strengthen the relationship between patient outcomes, program product behaviors, and course behaviors.

Evaluation criteria:

1. A list of desired patient outcomes resulting from nursing care by M.H.C.C. students.
2. A computerized analysis of relationship within and between behaviors at all three nursing levels in all three areas of concern: patient outcomes, program product behaviors, and course behaviors.

Project Final Report 4.1 also addresses this objective. It provides an analysis of relationships between program product behaviors and course behaviors. This report meets Evaluation Criterion 1 and discusses the relationship between patient outcomes generated by a patient advisory committee and the nursing program's program product behaviors.

Introduction

The Mt. Hood Community College nursing program has a long range curriculum revision plan. This plan has the general intent of exploring, refining, and articulating a curriculum that is responsive to the learner and to patient and professional consumers. In order to insure accountability to the consumers of professional nursing education, the Mt. Hood nursing faculty has utilized a competency-based educational strategy. This strategy has been outlined by Project Report Number 3.0. It requires correspondence between curricular intent and learner performance. To insure this correspondence, the curriculum specifies competencies acquired by the learner to be demonstrated behaviorally in order to provide a direct, rather than an inferred measure of learner performance. The construction of the Mt. Hood nursing program at its present level of refinement is described in Final Report Number 4.1 (1974).

One part of the long range curriculum refinement plan is assurance that competencies required for graduation are seen as desirable and necessary by patient consumers of nursing care. This is particularly important, since in the past patient consumers have not participated directly in the development of curricular outcomes for nursing education.

Recently, health care professionals have been requesting consumer participation in health care delivery. The increase in consumer participation appears to relate to the advent of the 1964 Economic Opportunity Act. Consumers have been taking a more prominent role in the planning, implementation, and policy setting for a number of community organizations. While there is clear evidence that professionals are calling for consumer input, there are not suggestions about either methods to gather information or use to be made of such input. (See Appendix 6.20: Annotated Bibliography.) The literature provides no instance where consumers of health care service had input into the development of nursing school curriculums.

Studies examining the evaluation of medical service by patients or nursing professionals have pointed out that: 1) The nurse is seen as important in health care; 2) Satisfaction increases for the patient when he believes he is receiving quality care; 3) Patients see physical care as more important than nursing professionals, who rate psycho-social aspects of nursing as more important; and 4) Patients want more personalized care. The review of the literature does not allow for a clear statement about which competencies patients value most highly in the nurse. While physical care is highly valued by the patient, the fact that they call for more personalized care indicates that nurses may be lacking in well-defined affective nursing skills. The literature indicates that patients are more likely to adhere to medical regimens if the physician personalizes his care. It seems logical to infer that nurses need to be as proficient in providing personalized care as physical care.

Good nursing care involves a mixture of skills that range from definable technical competencies to less well-defined and less tangible affective behaviors, which lead to personalization of nursing care. A serious problem has been clear definition of these affective behaviors. However, consumer perception of the outcome of good care is proportionately related to affective behaviors. Positive educational outcomes cannot be achieved unless we provide adequate definitions of listening, recognition of individual differences, and understanding the psycho-social needs of individual patients. The problem is that while these concerns may be described, they have not been stated in a fashion that allows statements of behavioral performance criteria.

The problem of adequate definition of nursing behaviors, coupled with the lack of patient consumer input, has resulted in development of nursing education according to the opinions of health professionals. The Mt. Hood nursing faculty feels that a truly responsive educational program includes those behaviors that the patient consumer sees as important. To meet this concern, a patient advisory committee was created to generate a list of behaviors graduates of the M.H.C.C. nursing program should demonstrate. The plan was to analyze these behaviors in relation to the present nursing curriculum.

It was our original intention to establish two advisory groups - one patient and the other professional. The nursing program's advisory committee served as the Project's professional advisory committee, since most of the members are health professionals. A high degree of committment was demonstrated by the patient group. We were unable to sustain the same level of participation by the professional group. While this report focuses on the input of the patient group, some comparisons are made between the patient committee and the professional committee.

Patient Advisory Committee

In order to elicit, retrieve, and utilize the input of a patient advisory group, it was thought necessary to equip the group with skills for precise behavioral description of nursing skills. To facilitate teaching these skills, it was deemed necessary to maintain a small group. The requirements for patient teaching and small group size created certain methodological problems related to the external validity of the group's input. Obtaining a simple representative sample of patients is difficult in itself, without expectation of an advisory-task orientation.

The multiplicity of possible selection parameters for patients to serve on such an advisory committee lead the Project Staff to the conclusion that potential biases introduced by the sample can best be dealt with by: 1) describing the group, 2) comparing advisory group members with a larger patient sample, 3) describing what happened to the advisory group members during meetings (group process), 4) examining differences in advisory group members' views of the value of the nurse after they completed their task, and 5) comparing consumer advisory committee's perceptions of the value of the nurse were compared with a larger sample of patients.

Selection:

Taking into consideration the considerations discussed above, the Mt. Hood nursing faculty generated a list of concerns to help insure selection of participants from a variety of health care situations, with varying degrees of illness, and from differing populations. Representation was desired from:

Health Care Setting

Psychiatric
Private physician or group
Community or neighborhood clinic
Maternity
Visiting nurse
Nursing home
Pediatric
Surgical

Type of Illness

Acute or short term
Life threatening
Chronic or long term

Population Variables

Upper and lower socio-economic groups
Minority groups
Male-female
Ages ranging from pre-teen to aged

Faculty members sensitive to these concerns solicited individuals who could be potential members of the advisory committee (through personal knowledge or through contact in the clinical setting). A list of available individuals from these various settings in the Portland metropolitan area was constructed. These individuals were telephoned and asked to participate. Those who consented were sent a letter explaining the intent of the project (see Appendix 6.11). Table 1.11 summarizes the characteristics of the twelve individuals who participated.

Patient Advisory Committee Activities (Group Process)

Over an eight month period the advisory committee met eight times. The following table (M.1) summarizes the activities, number in attendance, and the date of each meeting.

Table M.1

Summary of Consumer Advisory Committee Input Sessions

For generating desired nursing competencies

Session	Date	In Attendance	Activities
1	15 Nov 73	11	1) Introductions 2) Explanation of the desired out-comes of project 3) 1st teaching session 4) Home work assignment 5) Perception measure
2	6 Dec 73	12	1) Collate homework 2) 2nd teaching session 3) In 3 subgroups generating nursing competencies
3	13 Dec 73	11	1) Using General Categories constructed from competencies generated second session, continued input focused in these categories (3 subgroups)
4	3 Jan 74	7	1) Refine previoulsy generated competencies that did not meet pinpoint rules (2 subgroups)
5	24 Jan 74	8	1) Ranking of general categories with no consideration of setting 2) Ranking for value of specific competencies under each general category (2 subgroups)
6	31 Jan 74	8	1) Continuation of ranking of specific competencies under each general category (2 subgroups) 2) Ranking of general behaviors categories when considering hospital as setting
7	7 Feb 74	8	1) Ranking for value of general categories when Office is considered setting 2) Continuation of ranking for value specific behaviors under general categories 3) Rank for value of general categories when Community is considered setting
8	6 June 74	7	1) Presented results of their efforts and asked for conclusions they might draw from the information

Session 1.

1.1 Introduction: Project Staff, Dr. Diana Dean, Coordinator of Mt. Hood's Nursing Program and Ms. Gene Crumpton the nursing faculty member responsible for the patient advisory group teaching sessions, introduced themselves and expressed their feelings concerning the importance of the patient advisory committees' participation. Each patient advisor in turn introduced himself and gave a brief description of his health care experiences.

1.2 Explanation of desired outcomes of the project: An effort was made to emphasize that the Mt. Hood Community College nursing faculty saw the patient advisory committee as a powerful source of input for defining patient-nurse relationships. Since in the past patients have not been included in the development of nursing curricula, it was stressed that their feelings, thoughts, and experiences, both good and bad, in health care settings were considered valid and needed to be reflected in nursing instruction.

1.3 Teaching Session - 1: The skills needed by patient advisory members to describe nursing competencies were outlined in an educational strategy developed by Dr. Ogden Lindsley (1964). This strategy is referred to as Precise Behavior Managment or Precision Teaching. Patient advisors were taught the specific strategy called pinpointing. For the sake of brevity, only the "rules of thumb" will be presented here. These "rules" were used to help specify the behavioral characteristics of a nursing competency. The "rules" require that each competency must: 1) specify when the nursing action begins and ends; 2) be repeatable;

3) be observable, except when the behavior is observable only to oneself (feelings, thoughts); 4) affect the environment; and 5) be stated so that different observers would agree that it had been demonstrated.

During the teaching session, examples of common everday behaviors, i.e., eating, managing children, were used as illustrations. Examples of nursing behaviors were avoided. Patient advisors were encouraged not to be limited by Rules 3, 4, and 5, so that inner competencies (feelings and thoughts) could be contributed. Everyone had at least one opportunity to practice stating a nursing competency.

1.4 Home work assignment: Patient advisory committee members were asked to write down as many nursing competencies as they could and bring them to the next session.

1.5 Perception of Nurse Role Measure: Patient advisors were asked to fill out a consumer information sheet and to respond to an instrument designed to measure their perception of the overall value of the role of the nurse. In addition, they provided opinions regarding nine dimensions in which nurses are involved in health care delivery, utilizing a five-point Likert scale. These dimensions were: 1) Visibility; 2) Urgency; 3) Necessity; 4) Scope; 5) Impact; 6) Value; 7) Independence; 8) Responsibility; 9) Accessibility. Other questions on the scale were: 1) "Compared to the man on the street, how knowledgeable are you about nursing", and 2) "Can you readily distinguish a nurse from other health care personnel". Appendix 6.12 provides copies of the instructions, patient advisory information sheet, and test protocol for consumer perception of the role of the nurse.

Session 2:

2.1 Collate Home Work: Competencies generated by patient advisory members (home work) were sorted on the basis of those which were correctly pinpointed and those which were not.

2.2 Teaching Session - 2: Home work competencies insufficiently pinpointed were used as teaching examples and were related to the previously discussed pinpointing rules.

2.3 Subgroups: The patient advisors were randomly assigned into three groups of four members. Each group had a nursing project staff member act as a recorder. During this first session, staff members neither elicited nor refined statements made by the patient advisors.

Before Session 3, patient advisory committee-generated competencies were compiled into lists. These lists of behaviors were sorted by faculty into the fewest possible general descriptive categories. Twelve categories resulted.

Session 3:

3.1 Subgroups: Working from the general categories, the staff recorder assisted patient consumers in stating pinpoints by asking questions such as: "Tell me what the nurse did." The staff recorder generally refrained from rephrasing or stating competencies for the patient advisors.

Session 4:

4.1 Subgroups: Patient advisory members traded lists of competencies and were asked to try to generate new competencies. When the groups began to duplicate each other, it was assumed that the range of input from the members was exhausted. A portion of this session was also spent on continuing to refine competencies to produce more precisely stated pinpoints.

Note: The staff felt that the refinement process could have continued. However, it was their impression that attempting to go further produced a decrease in the members' verbal participation. For that reason, some of the stated competencies are not as clearly specified as desired, but no attempt was made by the staff to re-write them. Competencies described in this report for the most part meet a minimum level of acceptable specification.

Session 5:

5.1 Ranking of General Categories: Patient advisory members were asked to rank the twelve general nursing behavior categories in order of importance or value. An example of a ranking sheet (Protocol) is shown in Appendix 6.12.

5.2 Ranking for value of specific competencies: Each of the competencies generated by the patient consumers was typed on a separate 3 x 5 card. Decks of cards were made up for each general category. Two subgroups, arranged each deck of cards in order of relative value to the consumer. Within-group consensus was required. Two groups were used to reduce the possibility of undue influence of individual advisory committee members, thereby biasing the results.

The subgroups were instructed to sort according to the following procedure: competencies within each general category were to be sorted into eight stacks, with stack number eight having the most importance or value, and stack number one having the least value; competencies were to be arranged so that each stack had an equal or specified number of competencies. In those instances where decks could not be divided into eight equal groups, subgroup members could choose which stack had the minimum or maximum numbers of competencies. Table M.11 shows minimum and maximum number of cards allowed for each of the eight stacks, according to general categories.

Table M.11

Minimum and maximum number of
Competencies (cards) allowable to be
Sorted in any one of 8 stacks (value) for each
General category of nursing behavior

	General Category	Number of Competencies (cards)	Allowable Number Minimum--Maximum	
1	Making pt. feel important	40	5	5
2	Provides individualized care	39	4	5
3	Works safely	8	1	1
4	Gives physical care	38	4	5
5	Teaches	17	2	3
6	Is adaptable	3	0	1
7	Explains	28	3	4
8	Has pleasant mannerisms	14	3	4
9	Respects privacy	12	1	2
10	Gives support to grieving and terminally ill	8	1	1
11	Relays information	11	1	2
12	Positively interprets and follows hospital policy	6	0	1

Finally, participants were instructed to order the cards within each of the eight stacks from high to low. Rank order analysis was conducted to later determine the degree of consistency between the two groups.

Session 6:

6.1 Continuation of ranking of specific competencies: The procedure described was used. The groups decided in which order they wished to sort the general categories.

6.2 Ranking of general categories: With the form provided in Appendix 6.12, advisory members ranked in order of importance the general categories of nursing behavior relative to their use in a hospital setting.

Session 7:

7.1 Ranking of general categories: Patient advisory members ranked general categories of nursing behavior for importance relative to their use in an office setting.

7.2 Continuation of ranking for value of specific competencies within general categories: Again, the procedure was the same as described in 5.2, 5.3, and 6.1. During this session the patient advisory members began to express fatigue with the process.

7.3 Ranking of general categories: The patient advisory members ranked the general categories in order of value relative to a community setting.

Session 8:

8.1 Presented results: The staff presented a summary of the data provided in this report. The patient advisors were asked if they had any further input. Appreciation was expressed for the incredible amount of work, time, and thought they had invested.

RESULTS

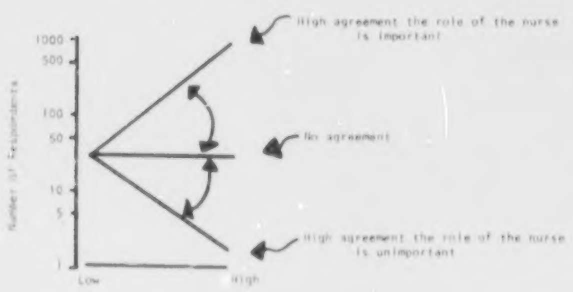
This portion of the report presents the data, method of analysis and the results. The analyses and data are grouped into five major foci:

1) How do patient and professional consumers of nursing service perceive the role of the nurse?
2) What is the relationship between the patient advisory committee and the larger sample of patients?
3) Do patient consumers who participate in a process of helping refine a nursing curriculum change their perception of the role, value, and importance of the nurse?
4) What are desired nursing outcomes seen by patients, and how do they rank their value?
5) What is the relationship of the desired nursing competencies generated by the Patient Advisory Committee to the Mt. Hood Nursing Program?

Data sources, analyses, and results addressed by each of the above areas will be presented in the following five sections. The data will be presented visually by charts of direct daily measures, celerations, frequency distributions, and a "trend" line indicating the degree and direction of agreement in ranked judgments within the respondent group. Figure 1.31 demonstrates the functions of the trend line. Trend lines are derived by summing across respondents' extreme responses. Ranks 1 and 2 indicate low value judgments; ranks 4 and 5 indicate high value judgments.

Figure 1.31

Schematic showing function of slopes for figures 1.321, 1.331, 1.341 and 2.511


High agreement the role of the nurse is important
No agreement
High agreement the role of the nurse is unimportant
1000
500
100
50
10
5
1
Number of Respondents
Low
High

Section 1.0 How do patient and professional consumers of nursing service perceive the role of the nurse?

1.1 Distribution of value ranks and degree of agreement among patients and professionals on the overall value of the nurse in hospital, office, and community were examined. Overall value is a term used in this report which is derived by summing respondents' responses on the Mt. Hood Nursing Project Consumer Survey (see Appendix 6.12).

1.2 Distribution of ranks and degree of agreement of opinion for both groups on ability to distinguish the nurse from other health care professionals in hospital, office, and community settings.

1.3 Distribution of ranks and degree of agreement among both groups on their opinion about their knowledge of the role of the nurse compared to the man on the street.

How consumers perceive the role of the nurse was examined. The distribution of opinions for professionals and patients on the overall value of the nurse were similar among all settings. The overall value of the nurse is defined as a composite of the nine dimensions included in the survey instrument: 1) Visibility, 2) Urgency, 3) Necessity, 4) Scope, 5) Impact, 6) Value, 7) Independence, 8) Responsibility, 9) Accessibility. Differences between each dimension were not great enough to alter the conclusions which were drawn after examination of the distribution of overall value, which is shown in Figure 1.34.

Figure 1.34

Distribution of responses on opinion scale showing the overall value of the nurse's role in Hospital, Office and Community setting for professionals and patients.

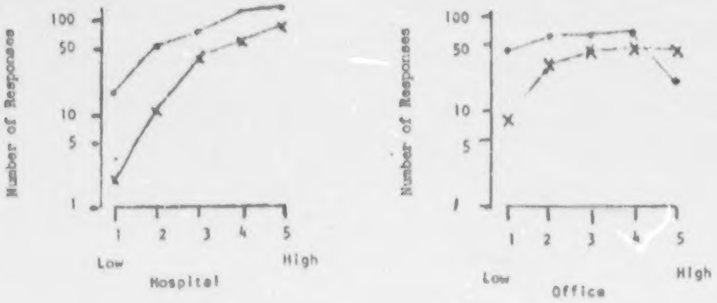
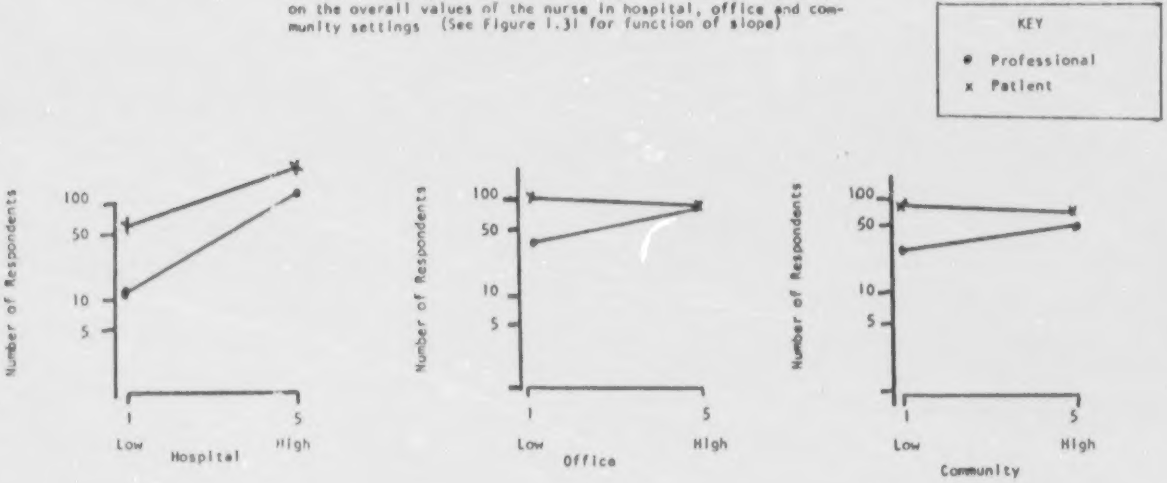


Figure 1.341 indicates that professionals agreed more strongly with one another as to the overall value of the nurse than did patients.

Figure 1.341

Slope derived by summing extreme responses of professional and patient groups in order to show agreement among respondents on the overall values of the nurse in hospital, office and community settings (See Figure 1.31 for function of slope)



It is interesting to note that a greater degree of agreement for both groups is achieved regarding the hospital setting. It appears, however, that for both office and community settings the role importance of the nurse is unclear to both consumer groups. The professionals see the nurse as having greater value, while the patients place slightly lower value on the nurse in both of these settings.

We asked patient advisors' and professionals' feelings of confidence about: 1) being able to distinguish the nurse from other health care agents, and 2) their knowledge relative to "the man on the street". The results of the first question are presented in Figure 1.41. The response patterns for the two groups are quite different for the hospital setting; they are more similar for the office and community settings.

Figure 1.41

Distribution of responses on opinion scale for "I can readily distinguish a nurse."

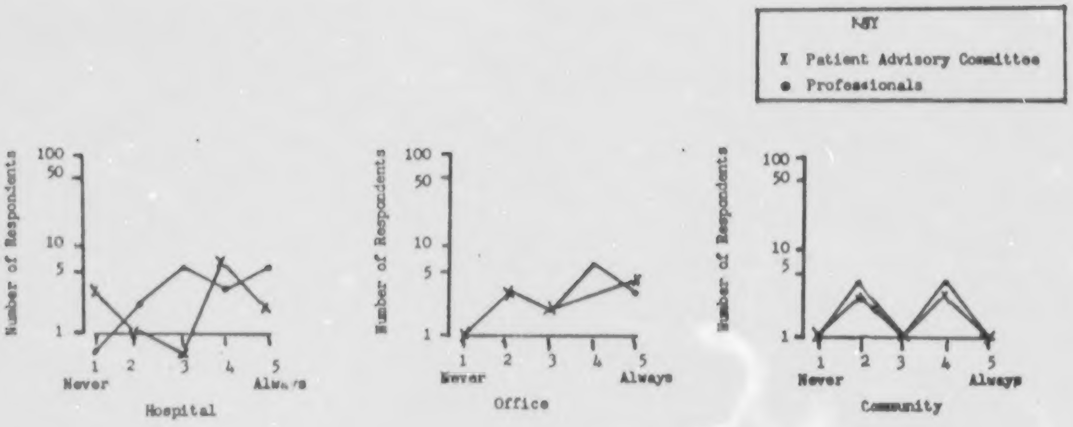
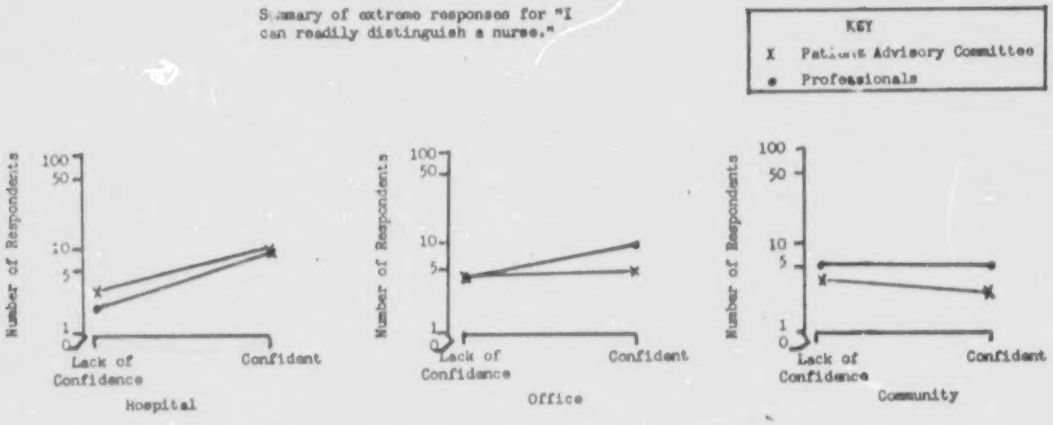


Figure 1.411 presents a summary of extreme responses on the opinion scale for "I can readily distinguish a nurse."

Figure 1.411

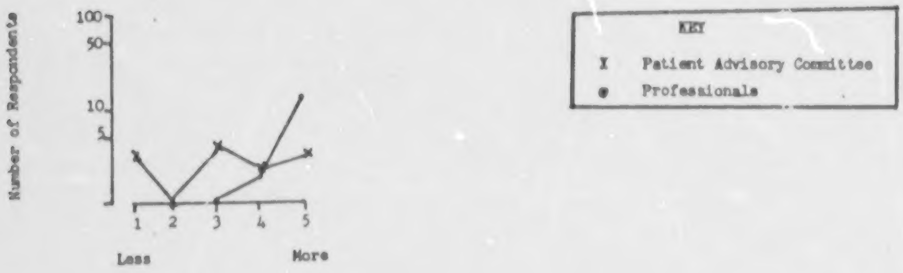
Summary of extreme responses for "I can readily distinguish a nurse."



Comparing the distribution of opinion for the two groups on their knowledge of the role of the nurse relative to the "man on the street", the professional group is skewed toward feeling more knowledgeable.

Figure 1.42

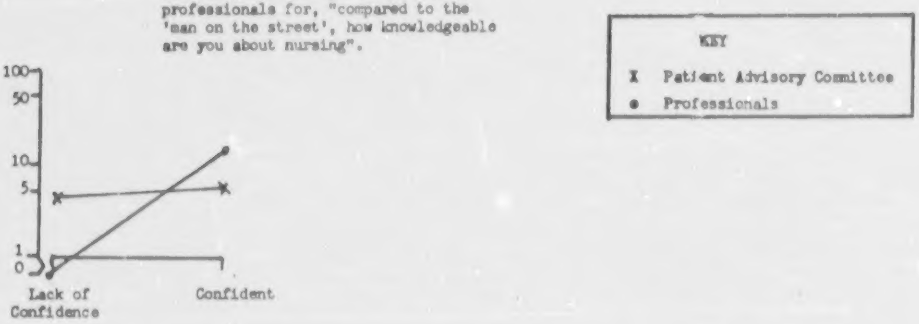
Distribution of Patient Advisory Committee and professional responses on opinion scale for "compared to the 'man on the street', how knowledgeable are you about nursing".



Professionals have a high level of agreement, while patients have less agreement. However, the patient advisors as a whole felt they had more knowledge than "the man on the street". Figure 1.421 presents a summary of extreme responses for "compared to the 'man on the street', how knowledgeable are you about nursing?"

Figure 1.421

Comparison of degree of agreement for Patient Advisory Committee and professionals for, "compared to the 'man on the street', how knowledgeable are you about nursing".



From the data presented in this section, it seems apparent that the professional and patient groups generally view the role important of the nurse in a similar manner. Neither group agrees upon the function and importance of the nurse in a community setting. They had low levels of agreement about the role of the nurse in the office setting.

Section 2.0 What is the relationship between the patient advisory committee and the larger sample of patients?

2.1 Demographic information regarding advisory committee members and the larger patient group was gathered. (See Consumer Advisory Committee Sheet in Appendix 6.12).

2.2 The relationship between distribution of opinions and the degree of agreement within the two groups on the overall value of the nurse was determined.

2.3 The relationship between distribution of opinions and degree of agreement within the patient advisory committee and the larger patient group regarding whether they are able to distinguish the role of the nurse from other health care agents in a hospital, office, and community setting was determined.

2.4 The relationship between distribution of opinions and degree of agreement for the two groups regarding their knowledge of the role of the nurse relative to the "man on the street" was determined.

Table 1 summarizes demographic information regarding the patient advisory group and the larger patient sample.

Table I

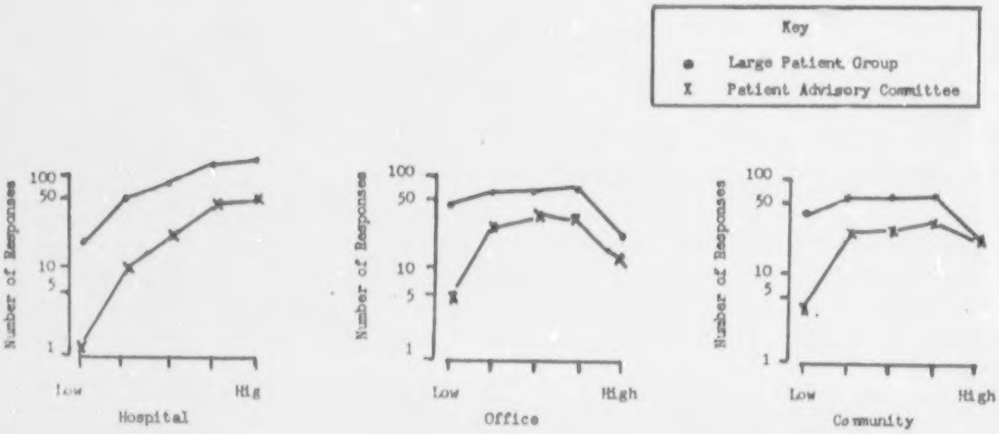
Demographic Information

	Patient Advisory Group	Larger Patient Sample
Number	12	32
Age		
Median	42	40
Range	17-65	17-65
Sex		
Male	6	16
Female	6	16
Length of Care		
Median	39 days	19 days
Range	4 - 105 days	2 - 360 days
Service Delivered		
Home	1	2
Hospital	10	30
Office	3	15
Community	4	1
Teaching Patient		
Yes	1	12
No	10	19
Education		
Elementary	2	5
High School	4	15
College	1	12
B.A.	3	5
Advanced Degrees	2	5
Occupation		
Professional	2	8
Skilled	1	9
Unskilled	1	4
Student	3	5
Housewife	4	3
Retired	1	5
Listing of Illnesses	See Appendix A	See Appendix A

Figure 6.1 pre ents distributions of responses regarding overall value of the nurse. Both groups appear to have similar distributions of opinion.

Figure 6.1

Distributions of responses on opinion scale for overall value of the nurse for the Patient Advisory Committee and a larger patient sample.



The degree of agreement among the two patient groups on the overall value of the nurse, is summarized in Figure 6.11.

Figure 6.11

Summary and degree of agreement for large sample and Patient Advisory Committee on the overall value of the nurse

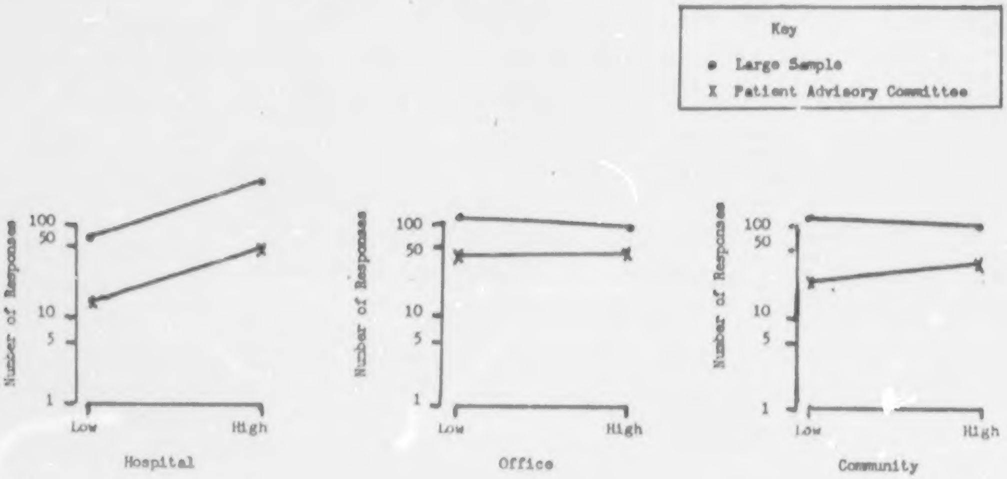
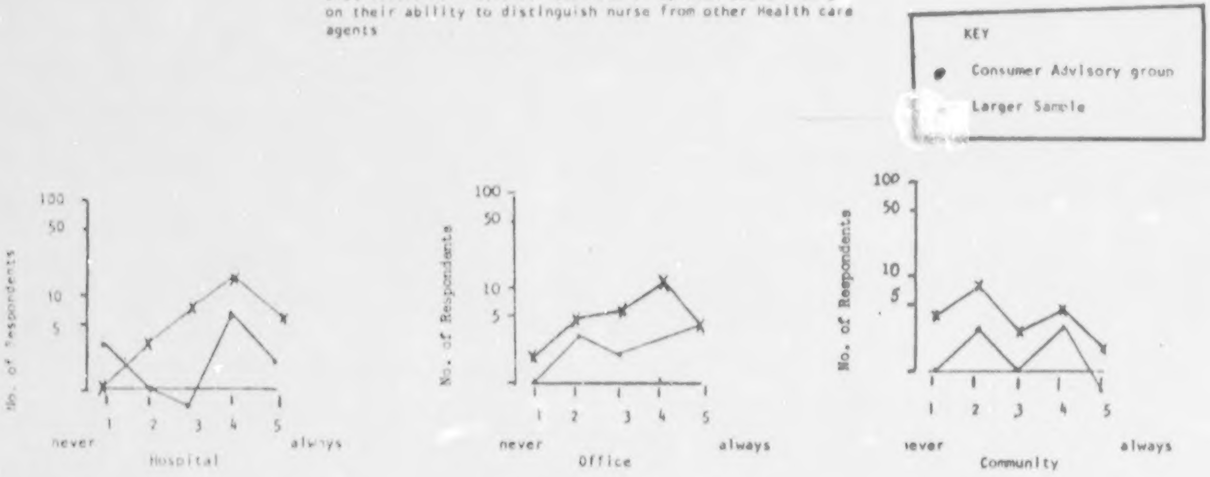


Figure 1.32 compares the distributions of the larger patient sample and the patient advisory committee's opinion about their ability to distinguish the nurse in the three health care settings.

Figure 1.32

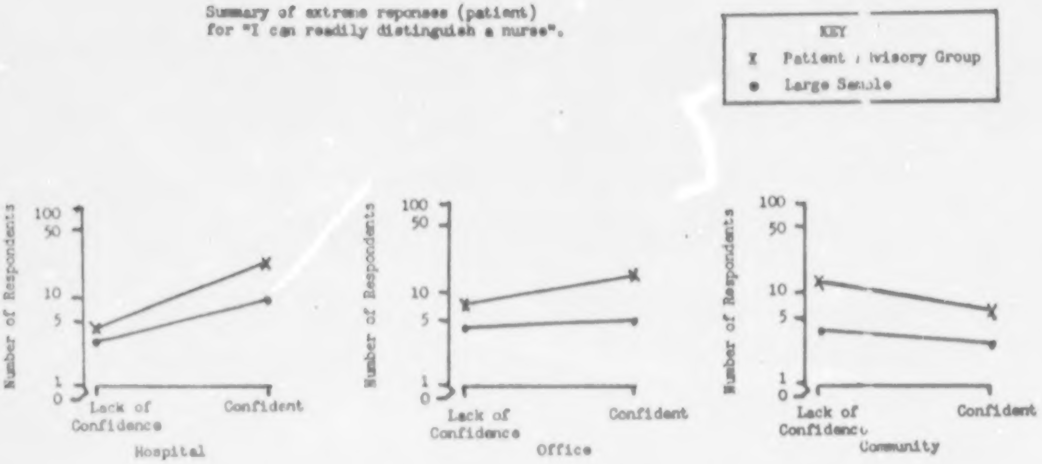
Distribution of Patients responses on opinion scale 1 to 5 on their ability to distinguish nurse from other Health care agents



The opinions of the patient advisory committee appear to be polarized for the hospital setting. That is, they felt confident that either they could almost always distinguish or never distinguish the nurse from other health care professionals. The opinions regarding office and community settings appear to be more evenly distributed. While the distribution of opinion regarding ability to distinguish the nurse in a hospital setting is more bi-modal for the advisory consumer group, the degree of agreement (See Figure 1.321) suggests that the two groups are more similar than the distribution describes.

Figure 1.321

Summary of extreme responses (patient)
for "I can readily distinguish a nurse".

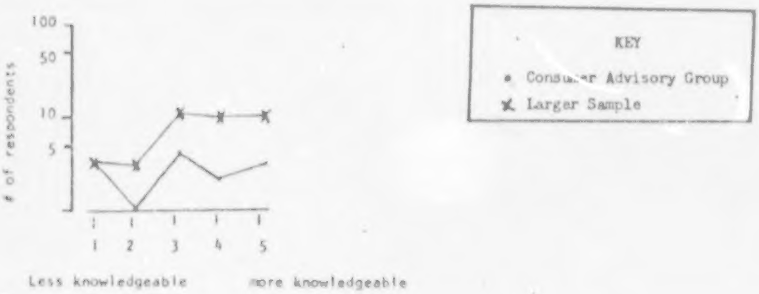


Both groups tend to be more confident in their ability to distinguish the nurse in a hospital setting. The patient advisory committee has a smaller degree of agreement among its members than does the larger sample. They also agree that they lack confidence in their ability to distinguish the nurse in a community setting.

Figure 1.33 presents distribution of responses for the item, "I am more knowledgeable than the man on the street". Distribution patterns for the two groups appear somewhat similar.

Figure 1.33

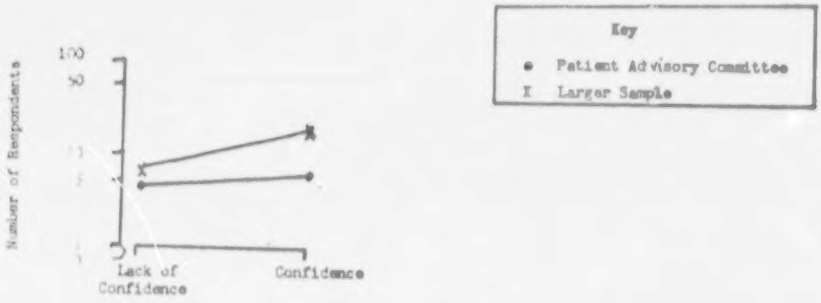
Distribution of patient responses on an
opinion scale from 1 to 5 on the level
of their knowledge of the role of the nurse



Examination of the degree of agreement among the two groups (Figure 1.331) shows that both agree that they are more knowledgeable than the man on the street. The larger patient group, however, has a higher level of confidence.

Figure 1.331

Summary of extreme responses (patient) for "compared to the 'man on the street', how knowledgeable are you about nursing".



The data presented suggests that, with few exceptions, comparisons of the patient advisory committee and the larger patient sample are similar enough to lend some confidence that the selected twelve members represent a larger patient population.

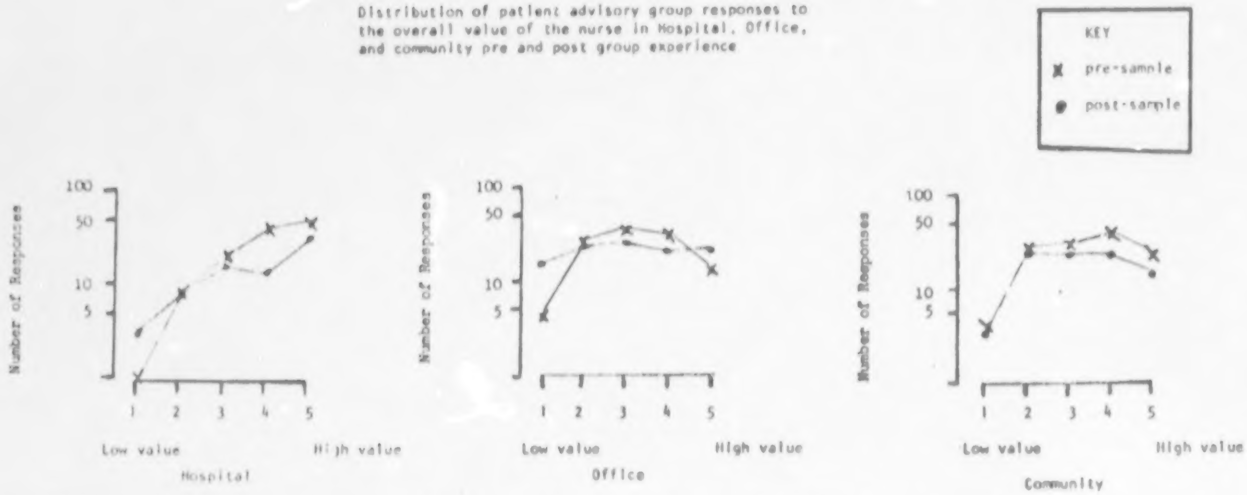
Section 3.0 How stable were the opinions of the patient advisory committee members before and after participation in the advisory group?

3.1 The distribution and degree of agreement pre and post group participation on the overall value of the nurse were determined.

3.11 Pre-post differences were analyzed, using a statistical Sign Test. Figure 2.01 shows the distributions of the patient advisory committee members regarding overall value of the nurse pre/post the advisory group experience.

Figure 2.01

Distribution of patient advisory group responses to the overall value of the nurse in Hospital, Office, and community pre and post group experience

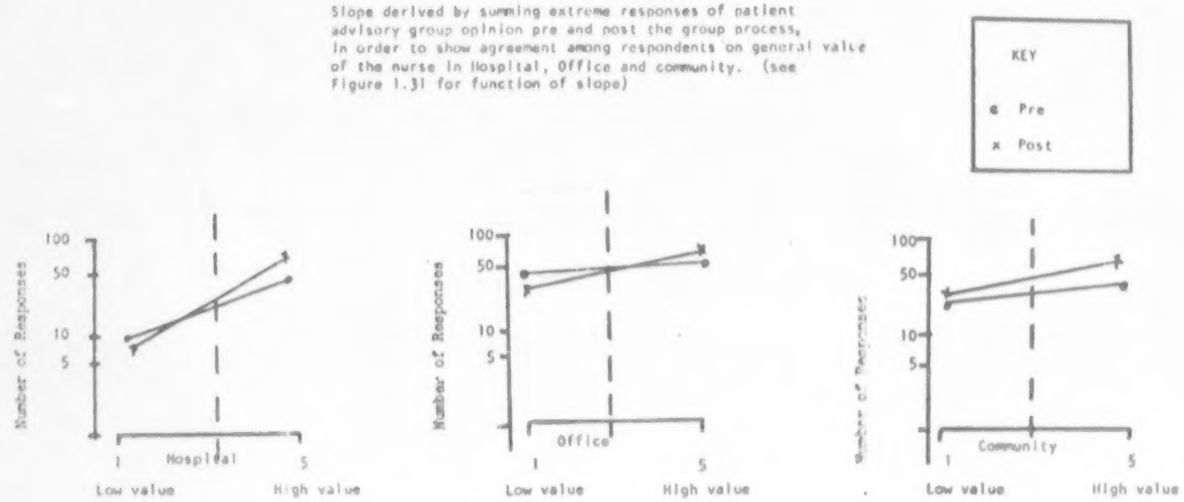


There appears to be very little change in these distributions. Utilizing a Sign Test for difference among members pre and post, revealed no significant difference.

Comparison of the degree of agreement among members of the patient advisory committee pre and post (See Figure 2.011) suggests that patients placed higher overall value on nurses after they served on the advisory committee.

Figure 2.011

Slope derived by summing extreme responses of patient advisory group opinion pre and post the group process, in order to show agreement among respondents on general value of the nurse in Hospital, Office and community. (see Figure 1.31 for function of slope)



Despite the slight difference in degree of agreement, the data suggests that the patient advisory committees' perceptions of role importance remained remarkably stable.

Section 4.0 Behaviors generated by the patient advisory committee that are desired outcomes of nursing

4.1 Listing of specific behaviors (desired outcomes) generated by the patient advisory committee.

4.11 Examination of the ranking (value) of each nursing competence, generated by the patient advisory committee. A Product-Moment correlation was computed to test for differences between two subgroups of the patient advisory committee, ranking for each behavior.

4.2 Listing of general categories of nursing behavior in order of importance (ranking) for the patient advisor relative to no consideration of setting (i.e., hospital, office, community).

4.3 Comparison of difference in ranked value of general categories of nursing behavior when patient advisors are taking into consideration setting (i.e., hospital, office, community).

4.31 Rank order correlation (Kendall's W) was used for difference in consistency between patient advisors considering all nursing settings (hospital, office and community).

4.4 Compare ranking of general nursing categories for professional advisory committee and patient advisory committee.

As explained in the patient advisory committee section, the committee met for eight sessions to generate and place a relative value on each desired nursing competency. The committee generated 225 different nursing competencies. (See Appendix 6.13) Each behavior received a numerical value. Since two subgroups of the committee produced an average value per competency, a product-moment correlation coefficient was computed to see if differences existed for the averaged value of the two groups. This examination yielded no difference.

The 225 behaviors were grouped into twelve descriptive categories and ranked for relative importance when considered in relation to any setting -- hospital, office, and community setting. The following is a list of these twelve general categories in order of importance (value) to the consumer with no consideration of setting:

Ranking of General Categories of Nursing Competencies

High	12	Gives physical care
	11	Works safely
	10	Provides individualized care
	9	Makes patient feel important
	8	Gives support for grieving and terminally ill
	7	Teaches
	6	Explains
	5	Respects privacy
	4	Has pleasant appearance
	3	Is adaptable
	2	Relays information
Low	1	Positively interprets and follows hospital policy

Table II provides a list of the general categories of nursing behavior and compares the rank of professional consumers and patient consumers.

Table II

Comparison of Rankings by Professionals and Patients
For General Categories of Nursing, Generated
by Patient Advisory Committee

Rank	Patient Advisory Committee	Professional Advisory Committee
12	Gives physical care	Provides individualized care
11	Works safely	Gives physical care
10	Provides individualized care	Works safely
9	Making patient feel important	Making patient feel important
8	Gives support to grieving and terminally ill	Gives support to grieving and terminally ill
7	Teaches	Explains
6	Explains	Is adaptable
5	Respects privacy	Respects privacy
4	Has pleasant appearance	Teaches
3	Is adaptable	Relays information
2	Relays information	Has pleasant mannerisms
1	Positively interprets and follows hospital policy	Positively interprets and follows hospital policy

Note that "gives physical care" is the most valued general class of behavior for the patient and "provides individualized care" was the most valued by the professional. The literature suggested that professionals rated psycho-social needs higher than did patients.

Patient consumer ranks, by setting, are presented in Table IIA.

Table II A

Listing of General Categories of Nursing Behavior
Ranked by Patient Consumers across
Three Health Care Settings
(12 is Highest Value; 1 Lowest Value)

Rank	Hospital	Office	Community
12	Gives physical care (relieves discomfort)	Gives physical care (relieves discomfort)	Provides individualized care
11	Works safely	Provides individualized care	Making patient feel important
10	Making patient feel important	Works safely	Teaches
9	Provides individualized care	Making patient feel important	Works safely
8	Explains	Respects privacy	Respects privacy
7	Has pleasant mannerisms	Gives support to grieving and terminally ill	Explains
6	Gives support to grieving and terminally ill	Has pleasant mannerisms	Gives support to grieving and terminally ill
5	Relays information	Explains	Gives physical care (relieves discomfort)
4	Respects privacy	Relays information	Has pleasant mannerisms
3	Positively interprets and follows hospital policy	Teaches	Relays information
2	Teaches	Is adaptable	Positively interprets and follows hospital policy
1	Is adaptable	Positively interprets and follows hospital policy	Is adaptable

A rank order correlation coefficient (Kendall's W) was completed for consistency of ranking among the patient advisory committee members for each setting. Table 11B summarizes these coefficients.

Table 118

Rank order correlation coefficients (Kendall's W) for consistency between members of Patient Advisory Committee for value of general categories of nursing when considering no setting, hospital, office and community.

Location	Correlation Coefficient	Unrelated at .01 Level of Significance
None	.34	Rejected
Hospital	.29	Rejected
Office	.18	Accepted
Community	.10	Accepted

Using relatively specific behaviors, agreement (in this case, the correlation coefficients) does not exist when nursing practice is considered in an office or community setting. Only when nursing practice was considered in general or in the hospital was agreement achieved.

Section 5.0 Examination of nursing competencies (desired outcomes) generated by the patient advisory committee relative to learner performance opinion, and the Mt. Hood Community College nursing curriculum

Analysis was conducted of:

5.1 The relationship of patient generated competencies to the term (quarter) they are initially introduced into the nursing curriculum at Mt. Hood Community College.

5.11 The distribution of competencies when initially introduced into the nursing program for each of the ten valued groups.

5.2 The proportion of nursing competencies generated by the patient advisors which are taught the first and second years of the nursing program and the value of those competencies for the patient advisory committee.

5.3 Personalization competencies were illustrated by grouping competencies in the following general nursing categories:

1) Makes patient feel important;
2) Provides individualized care;
3) Teaches;
4) Explains;
5) Respects privacy;
6) Gives support to grieving and terminally ill;

and nursing skills were illustrated by grouping competencies in the following general nursing categories:

1) Works safely;
2) Gives physical care;
3) Is adaptable;
4) Has pleasant manner;
5) Positively interprets and follows hopsital policy.

They were examined for:

5.31 The distribution and proportion relative to consumer value groups

5.32 Trend for distribution. The trend was derived using quarter interesect celeration procedures (Koenig, 1972).

5.4 Number of specific nursing competencies in each general nursing category, distributed by patient value group.

5.5 Proportion of patient generated competencies for each of the patient value groups, distributed by general nursing categories.

5.6 Listing of general nursing categories with highest proportion within patient value categories.

5.7 Student nursing opinion about whether they demonstrated in a clinical setting the patient generated competencies.

5.71 Distribution of student opinion for whether or not a competency had been demonstrated, by first and second year students across patient value categories.

5.8 Performance characteristics using a direct daily measure of student nurse behavior relative to patient generated competencies recording highest and lowest groupings of competencies.

5.81 Using frequency of the twenty most and least valued patient generated competencies and combining frequency across students, the following relationships will be examined for both Demonstrated Correct Responses and Learning Opportunities:

1) All students for most valued competencies.
2) All students for least valued competencies.
3) First year students for most valued competencies.
4) First year students for least valued competencies.
5) Second year students for most valued competencies.
6) Second year students for least valued competencies.
7) Second year students combining most and least.
8) First year students combining most and least.

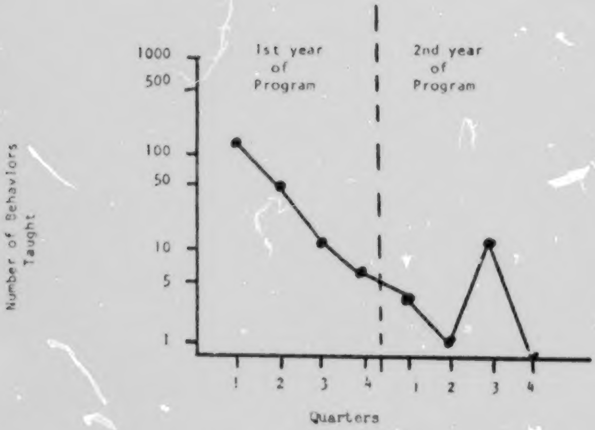
5.9 Portion of time for clinical opportunity (obstetrics, pediatrics, psychiatric, pediatric meds) and no clinical opportunity by first and second year students.

Examination of the relationship of the nursing competencies generated by the patient advisory committee to the Mt. Hood Community College nursing program revealed that only one of the generated competencies could not be identified as a competency in the curriculum. The competency not found in the nursing program was "retire if nursing just becomes a job". While this in one sense could be dismissed as not appropriate, it was the faculty's feeling that this competency related to the concept of self-evaluation. This issue is further discussed in the conclusion portion of this report.

Given the apparent degree of correspondence between patient desired outcomes and the curriculum of the program, further information can be gained by examining where the competencies are initially introduced to the learner. Initial introduction to the learner does not imply the only exposure or learning opportunity for the specific competency. Figure 2.311 shows the distribution, by quarter and year, of patient generated competencies when initially introduced.

Figure 2.311

The occurance of Behaviors generated by the patient advisory committee distributed by quarter and year in which they are offered in Mt. Hood Community College Nursing Program



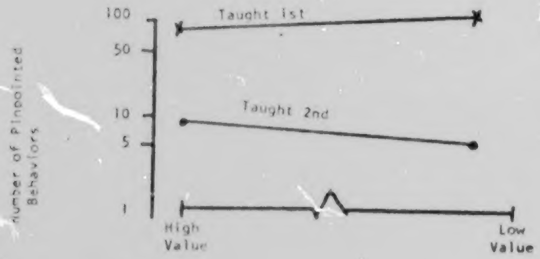
By the end of the second quarter, 85 percent of the patient generated competencies had been introduced. Completion of the second quarter would place the learner with sufficient competencies to qualify for the first level of nursing, i.e., Aide. By the end of the fourth quarter, 93 percent of the patient generated competencies have been introduced. Completion of the competencies associated with the first four quarters or first year allow the student to be eligible for the second level of nursing, i.e., Licensed Practical Nurse. Seven percent of those behaviors generated are unique to the third level of nursing, i.e., the Registered Nurse.

An analysis was conducted of the number of patient-generated behaviors introduced into the nursing curriculum during the first and second years, according to value-rank patients assigned to the behavior. Figure 2.312 shows that a proportionately higher number of lower valued behaviors are taught first than are taught second year. That is, while fewer behaviors are introduced second year, the second year competencies have higher value proportionately.

Figure 2.312

Proportion of behaviors generated by Patient Advisory Committee taught 1st and 2nd year in relation to value of those behaviors for the consumer.

High value is defined as all those patient advisory committee generated behaviors which are included in groups 1, 2, 3, and 4 of the 10 value groupings. Low values are those behaviors included in groups 7, 8, 9, and 10.

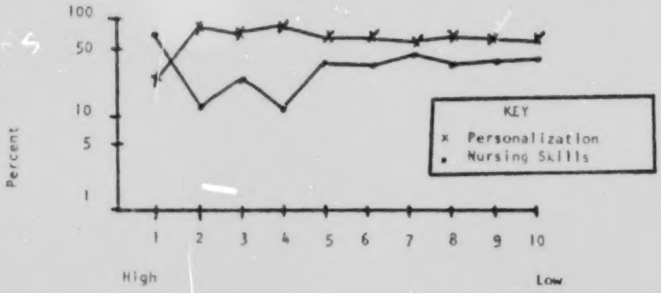


The distribution of competencies relative to patient value categories when they are first introduced into the program can be found in Appendix 6.15. These distributions are sufficiently similar so that no specific category is emphasized in the curriculum differently than was shown in the Figure 2.311.

Examination of the information collected and the staff's impression of the advisory committee consensus appeared initally to reveal a discrepancy between the value of competencies achieved by ranking and the patients' verbal behavior about what was desirable. On the one hand, physical care (technical nursing skills) were ranked most highly; yet most conversation involved personalization of aspects of nursing care. By grouping competencies from the general categories of nursing (competencies generated by patients), the relative value of nursing skills and personalization can be examined across value groups. Figure 2.2211 shows the proportion of personalization competencies and nursing skills across value groups.

Figure 2.2211

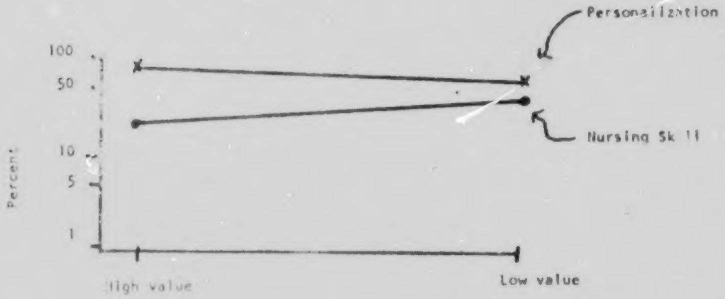
Proportion of personalizing behaviors and nursing skills in each of 10 groupings of behaviors generated by Patient Advisory Committee ranked from High to Low value



It is clear that the twenty competencies most highly valued relate to nursing skills (70 percent), but that overall, the proportion of personalization competencies are of increasing value. This is particularly the case considering the difference in the proportion of personalization and nursing skills for patient value categories 2, 3, and 4. Figure 2.2212 further suggests that relative to all the generated competencies, the patient consumer sees nursing skills of less value and personalization of more value.

Figure 2.2212

Proportion and trend for distribution of patient advisory group generated behaviors for those behaviors most valued to those least valued



Tables IV and V show the distribution of patient generated nursing competencies by general categories and patient value groups. Table IV provides the distribution by value categories of the number of specific nursing competencies in each general category.

Table IV

Number of Specific Nursing Competencies Generated by Patient Consumers in Each General Category, Distributed by Patient Value Groups

General Categories (Ranked from high to low)											
Gives physical care	12	16	3	3			3	2	4		1
Works safely	11	1		2	2		2			1	
Provides individualized care	10	3	7	6	5	4	6	3	1	3	
Making patient feel important	9	2	11	1	9	4	2		5	4	6
Gives support to grieving and terminally ill	8	1	1	1	1		1	2		1	1
Teaches	7			2	1	2	3	4	2	1	2
Explains	6		1	4	3	5	3		5	5	3
Respects privacy	5			2		2		4	2		2
Has pleasant appearance	4			1	1	2	2	2	2	1	3
Is adaptable	3					1	1	1			
Relays information	2					2		5		1	3
Positively interprets and follows hospital policy	1								1	3	2
		1	2	3	4	5	6	7	8	9	10
		High									Low

Patient Value Groups

The proportion of specific nursing competencies within each patient value category shows the areas of most concern to the consumers. This can be seen in Table V.

Table V

Proportions* of Patient Generated Competencies
for Each of the Value Groups Distributed by
Ranked General Categories

	Gives physical care	Works safely	Provides individualized care	Making patient feel important	Gives support to grieving and terminally ill	Teaches	Explains	Respects privacy	Has pleasant appearance	Is adaptable	Relays information	Positively interprets and follows hospital policy
High 1	70%	4%	13%	9%	4%							
2	14%		32%	50%	5%							
3	13%	9%	26%	4%	4%	9%	17%	9%	4%			
4		9%	23%	41%	5%	5%	14%		5%			
5			17%	17%		9%	22%	9%	9%	4%	9%	
6	13%	9%	26%	9%	4%	13%	13%		9%	4%		
7	9%		13%		9%	17%		17%	9%	4%	22%	
8	14%		5%	13%		9%	23%	9%	9%			5%
9		5%	14%	18%	5%	5%	23%		5%		5%	14%
Low 10	4%			26%	4%	9%	13%	9%	13%		13%	9%

Patient Ranked General Categories of Nursing

* Rounded to nearest value

The general categories that have the highest proportion of generated competencies by patients, are those emphasizing personalization. The general categories with the highest proportion of competencies in each value group are:

Patient Value Group:

1. Gives physical care
2. Makes patient feel important
3. Provides individualized care
4. Makes patient feel important
5. Explains
6. Provides individualized care
7. Relays information
8. Explains
9. Explains
10. Makes patient feel important

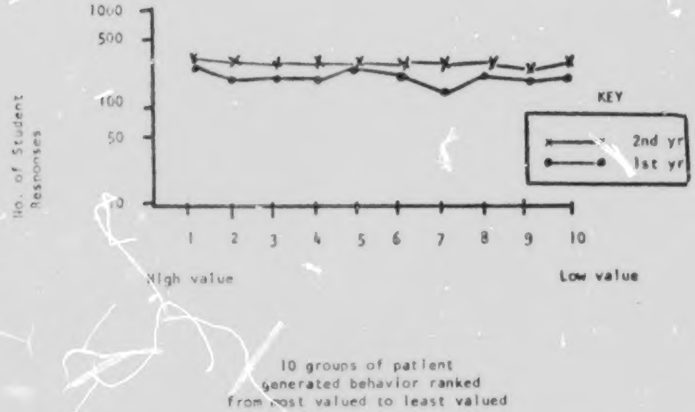
The data in this section demonstrates that personalized nursing is important. This is best summed up by a patient advisory committee member who, after viewing the data said, "Yup, that's right, first stop my bleeding, and then be kind to me."

Continuous and direct measures of student nurse performance on all the competencies that the patient advisory committee generated are more descriptive. However, the patient advisory committee did not complete its task until spring term (March through June), which allowed only a limited sample of student performance of the patient advisors generated competencies. Also, the nature of clinical rotation for students throughout the year further restricts the type of settings in which the performance of competencies was sampled. Appendix 6.18 shows the proportion of time spent by students spring term in various clinical settings.

Having students within the time period of a term maintain independently a frequency record on 225 specific nursing competencies would have been problematic. While direct measures were obtained on most and least valued competencies, to insure attention to all generated competencies, an opinion survey was also constructed and given to students. Initially, we asked students to respond whether: 1) they could; 2) were asked; and 3) did demonstrate the specific competencies generated by the patient advisory committee. However, as had been expected, the opinion on "could you" was not sensitive in discriminating between first and second year students. There had been the expectation that responses to "were asked" in comparison to "could" and "did demonstrate competency" would provide inference about the curriculum. When the data were analyzed we found the proportion of responses to "were you asked" was substantially lower than the responses to "did you demonstrate". After surveying students, we found this column had been misinterpreted, unfortunately not consistently. Some students thought it meant "were you asked by your supervisor", others "were you asked by patient", and some were not sure what it meant, but assumed a verbal communication. This data is available in Appendix 6.16A. Comparison of first and second year students on their opinion of "did you demonstrate this competency" within the patient value categories can be seen in Figure 2.41.

Figure 2.41

Number of 1st and 2nd year students
indicating in their opinion whether they demonstrated
the behavior within each value group



Using the patient value categories, unaware that behaviors were ranked high (1) or low (10) by the patient advisory committee, student nurses maintained a daily record of times demonstrated or instances they failed to demonstrate, or saw an opportunity and did not act (Learning Opportunity) on a desired patient nursing competency. This record was kept concurrent with their clinical experience and frequencies shown are recorded for a 200 minute sample over a period of seven weeks. Comparing the data of first and second year students, Figures 6.171 and 6.172, second year students were in clinical settings more days. Figures 6.17B, and 6.17C show combined frequencies of demonstrated competencies and Learning Opportunities, producing an average daily frequency and celeration for all students (first and second year) on the most and least valued behaviors. Figure 6.17A shows the relationship of celeration of all students combined, for most and least valued competencies.

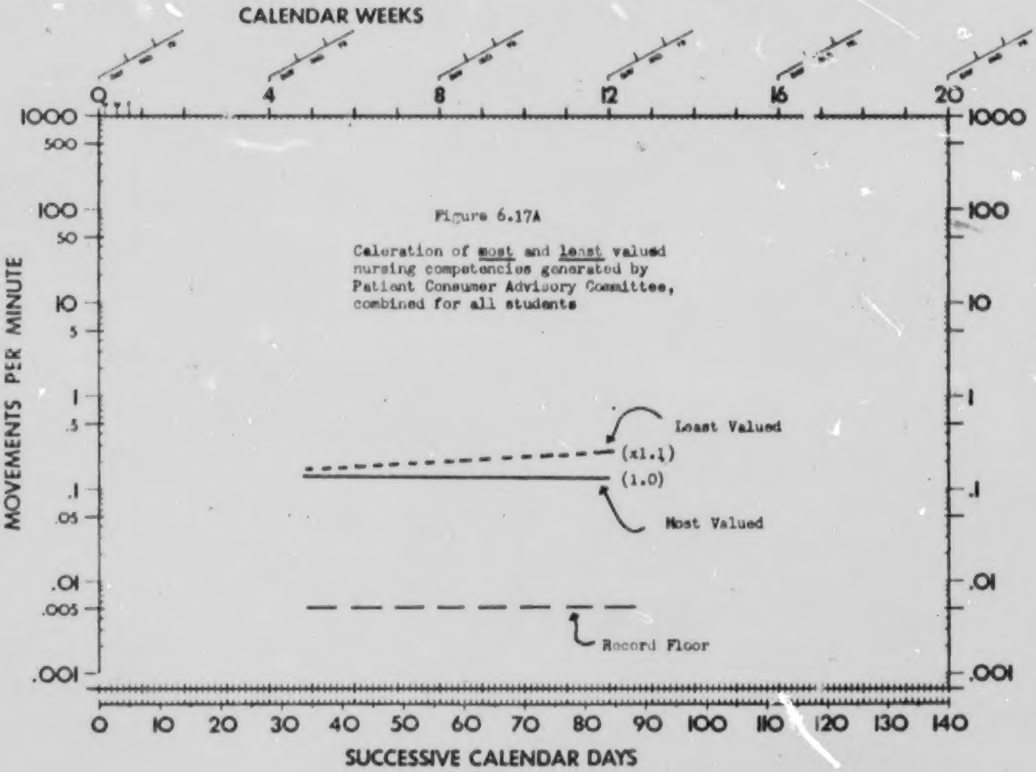


Figure 6.17A

Celeration of most and least valued nursing competencies generated by Patient Consumer Advisory Committee, combined for all students

Performance celeration for these two value categories suggests that the least valued patient nursing competencies are increasing (accelerating) over time and the most valued competencies are not changing over time. Figures 6.17B and 6.17C show student performance of demonstrated and Learning Opportunities for the most and least patient valued competencies.

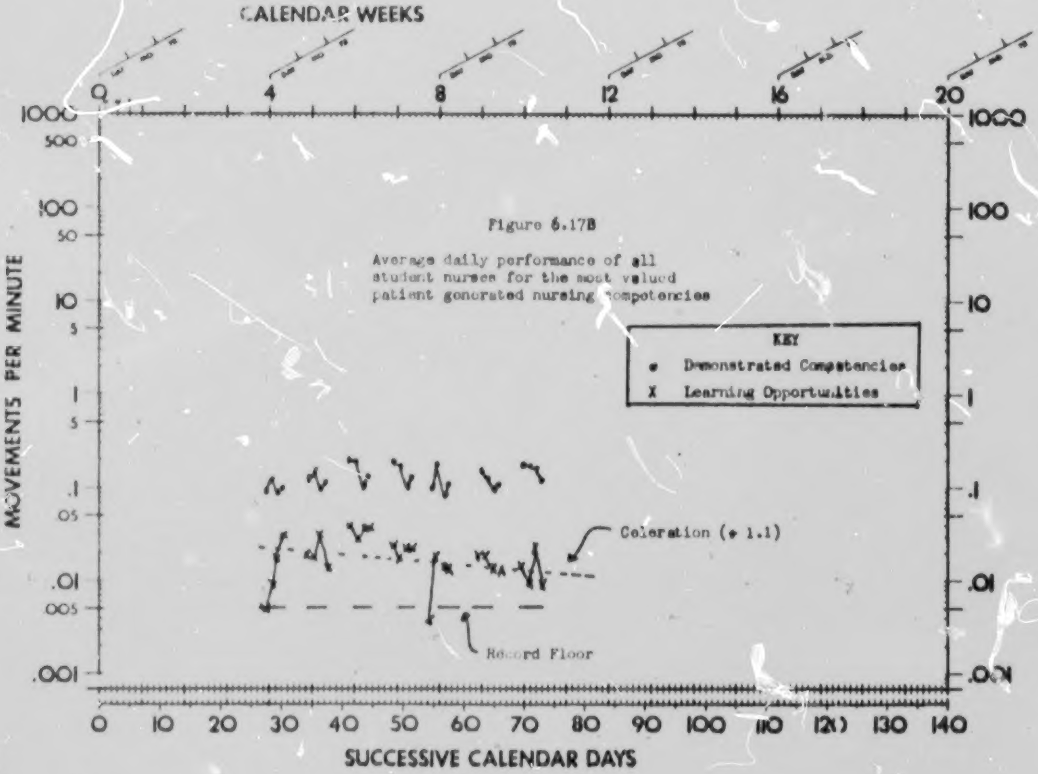


Figure 6.17B

Average daily performance of all student nurses for the most valued patient generated nursing competencies

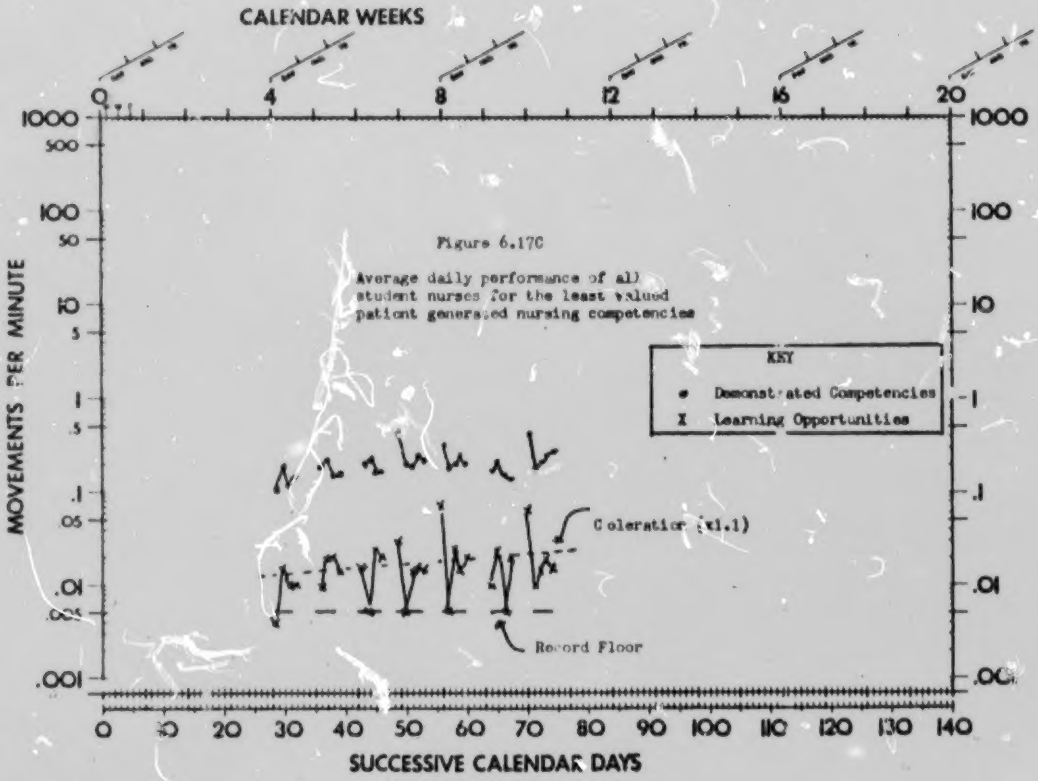


Figure 6.17C

Average daily performance of all student nurses for the least valued patient generated nursing competencies

The absolute frequency for the most valued and least valued are similar initially. The relative difference by the third week shows that the least valued competencies are occurring approximately 1.5 times more frequently. The overall variability for Learning Opportunities with the least valued behaviors is, in part, a consequence of lower absolute frequencies. Learning Opportunities for the most valued behaviors are overall higher in absolute frequency but are decreasing over time. Figure 6.171 and 6.172 examine combined frequencies for high and low value competencies for first and second year students.

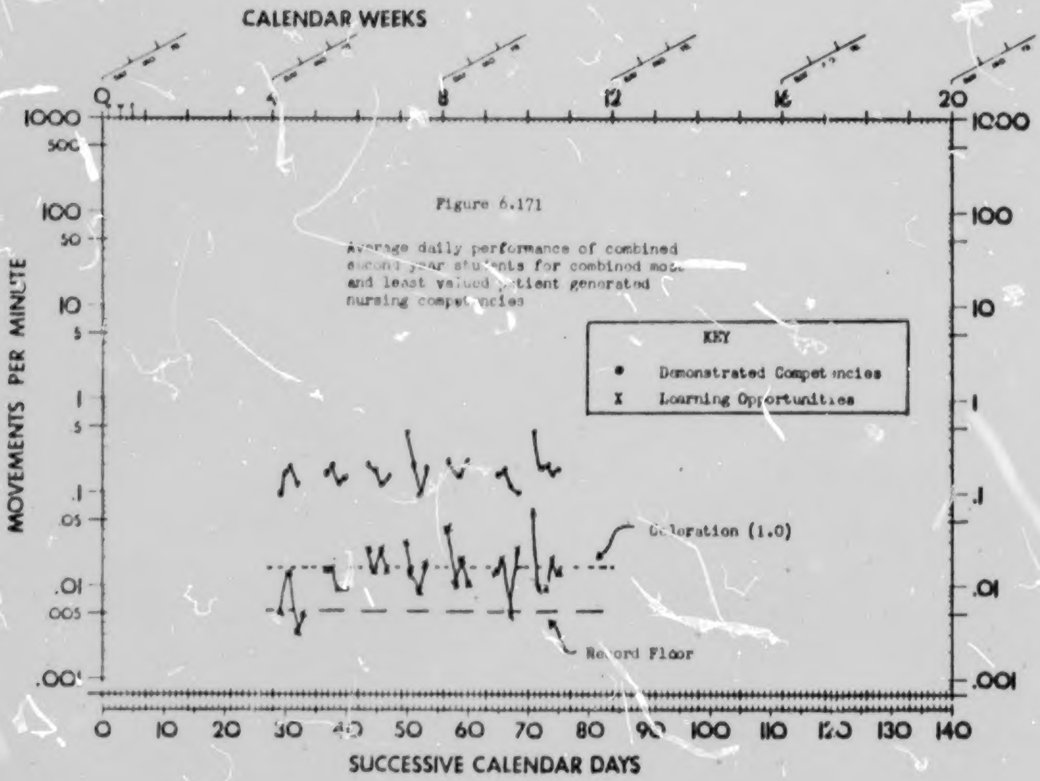


Figure 6.171

Average daily performance of combined second year students for combined most and least valued patient generated nursing competencies

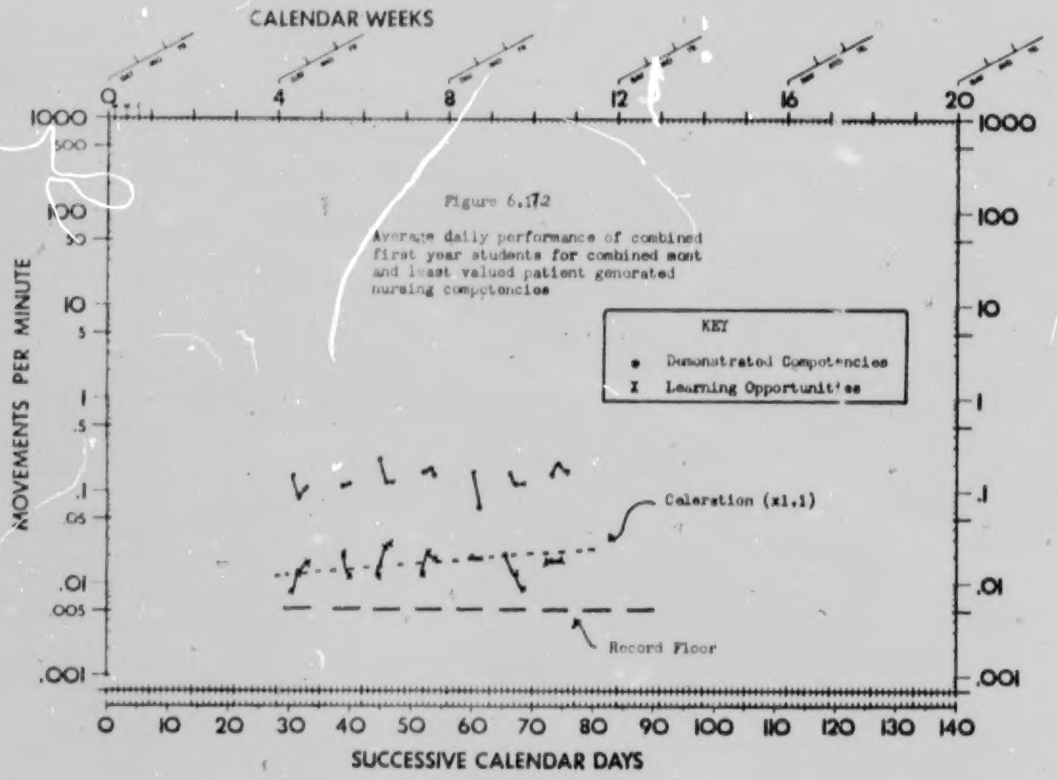


Figure 6.172

Average daily performance of combined first year students for combined most and least valued patient generated nursing competencies

These two figures suggest that the frequency of demonstrating combined high and low value patient nursing competencies are similar for both groups. The second year students were a little more variable, which in part is a consequence of a greater number of opportunities. A distinctive feature of these figures relates to celeration of Learning Opportunities. For the second year students, we can see that over time there is no change. However, for the first year student, there is an increase (times 1.1) over time. Celeration seen in Figures 6.17A and 6.17B are a consequence of the first year students' performance.

This effect can be further seen in Figures 6.173, 6.174, 6.175 and 6.176. These figures show the performance of most and least patient valued behaviors by first and second year students. Figures 6.173 and 6.174 show combined frequencies of high patient valued nursing competencies for first and second year students.

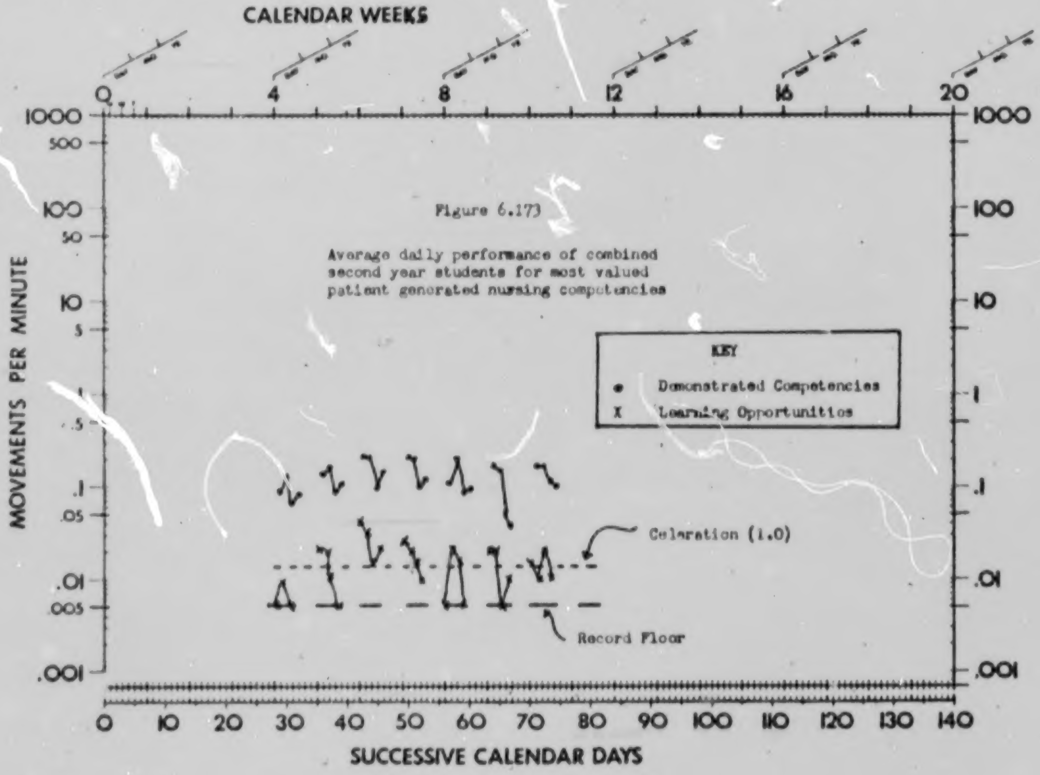


Figure 6.173

Average daily performance of combined second year students for most valued patient generated nursing competencies

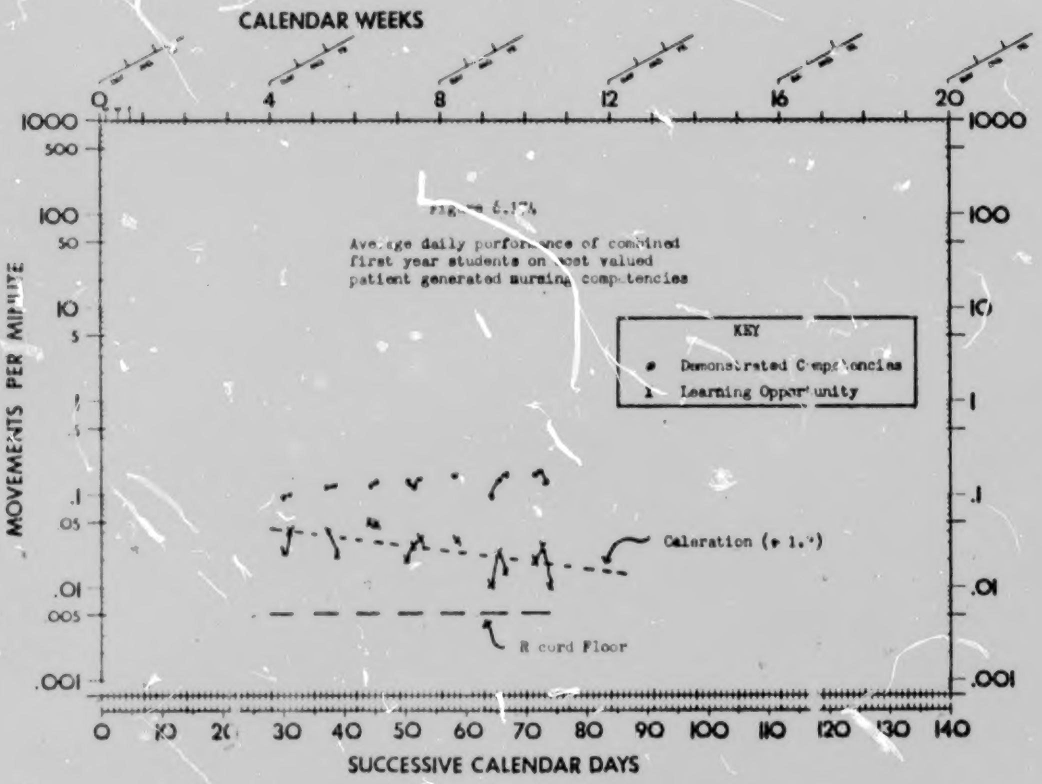


Figure 6.17A

Average daily performance of combined first year students on most valued patient generated nursing competencies

Student performance of most valued patient nursing behavior suggests greater variability for second year students. However, absolute frequency for both groups is similar. As has been noted previously, the first year students are changing over time and the second year students are not. The first year students have an initially high frequency of Learning Opportunities which decrease over time. It is reasonable to assume that first year students initially saw many new opportunities to act and were eventually able to act on them. The frequency of doing desired behaviors is accelerating, further supporting this interpretation. The reader should remember that patient most valued behaviors involved many more physical care or technical nursing skills. Coupled with student opinion, there is the suggestion that second year students have become proficient and are maintaining, and first year students are experiencing growth in the areas measured. Figures 6.175 and 6.176 show the combined performance of first and second year students for the least valued behaviors.

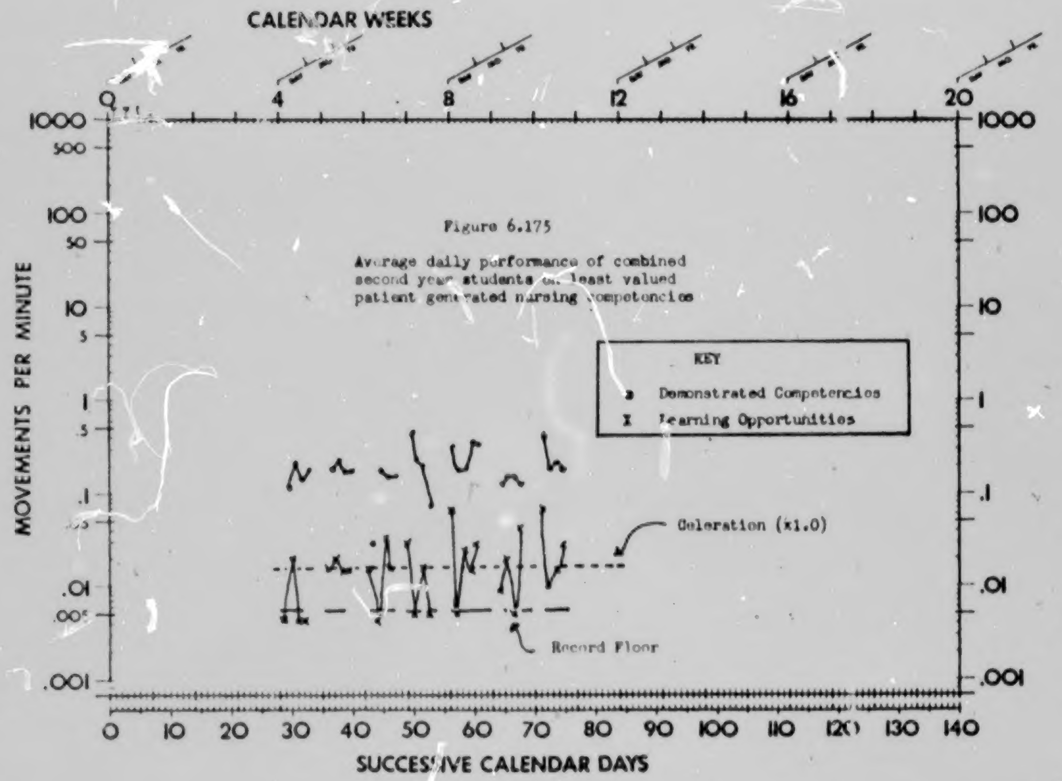


Figure 6.175

Average daily performance of combined second year students on least valued patient generated nursing competencies

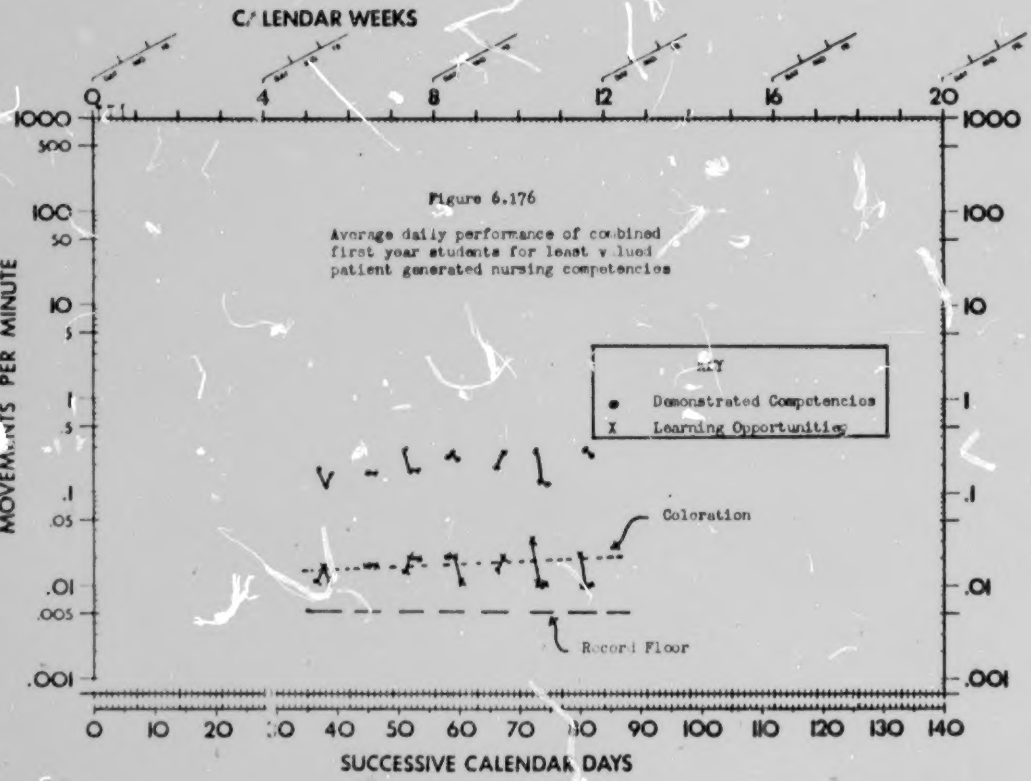


Figure 6.176

Average daily performance of combined first year students for least valued patient generated nursing competencies

Again, the performance of demonstrating desired patient behavior looks similar. In this case, performance for learning opportunities is increasing for the first year students and essentially not changing over time for the second year students. The first year students are accelerating for both demonstrated and recognized opportunity, which is in character with the previous discussion. The difference in this case is that initial absolute frequency for learning opportunities is much lower than was the case for most valued performance. The reader should remember personalization and infrequent opportunity competencies constitute the least valued group.

The impression the data provides at this point in the discussion is that first year students are demonstrating acquisition of skills and second year students are maintaining at levels of proficiency in the program. This is additionally supported by examining Figures 6.177 and 6.178 which show the celeration of most and least desired patient generated competencies by first and second year students.

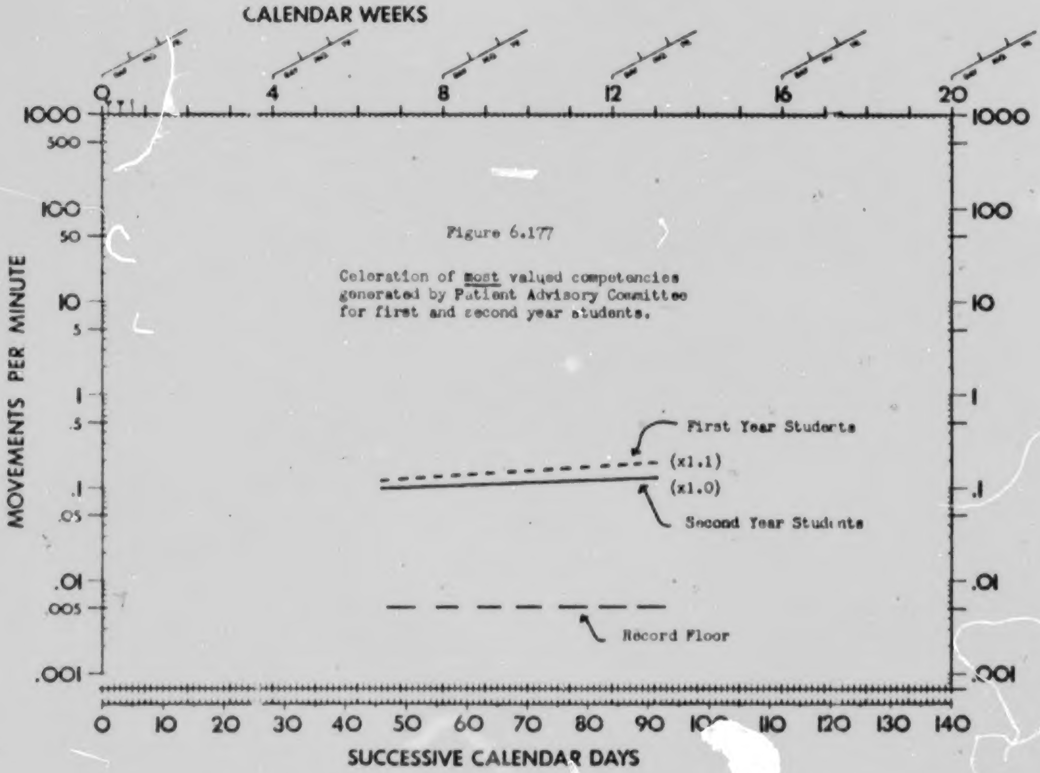


Figure 6.177

Celeration of most valued competencies generated by Patient Advisory Committee for first and second year students.

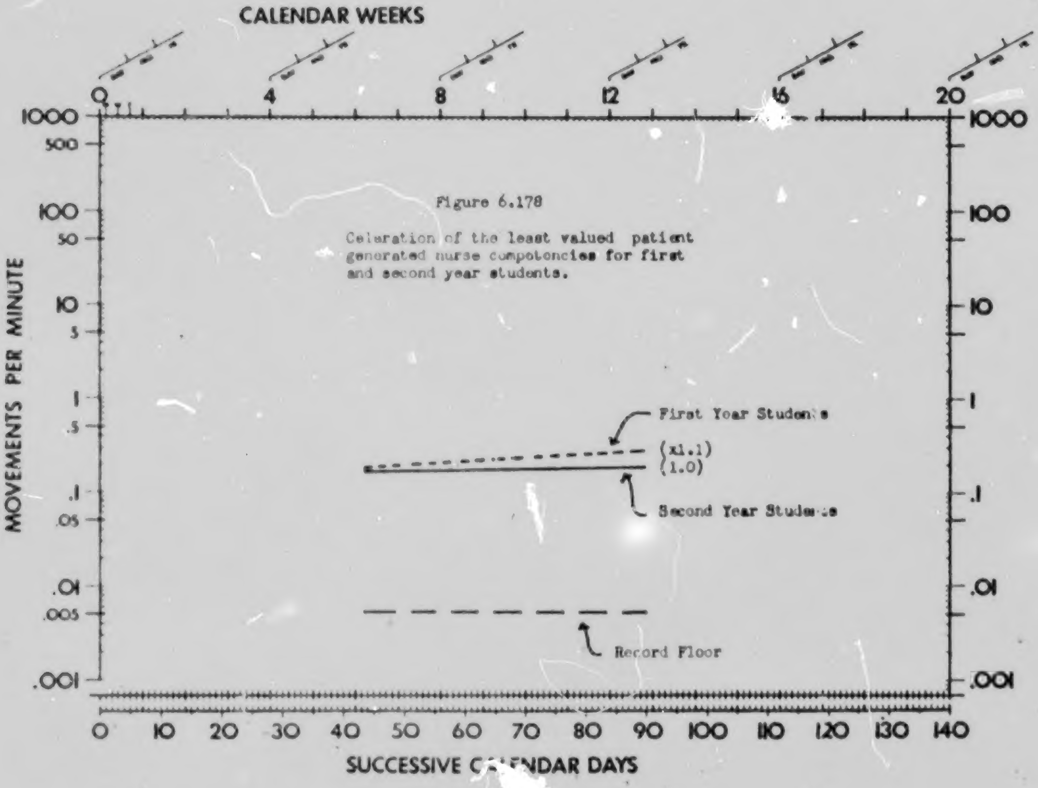


Figure 6.178

Celeration of the least valued patient generated nurse competencies for first and second year students.

In both these cases, first year students are accelerating (times 1.1) and second year students are maintaining or not changing over time (1.0).

Summary of Results

Agreement on Role Value

It is apparent that the professional and patient groups have similar views regarding the role importance of the nurse. It is also clear that the function and importance of the nurse is unclear in a community setting for both groups. The patient group generally achieved greater agreement among themselves relative to the nurse role in a hospital setting and achieved low degrees of agreement about the role of the nurse in the office setting. When patients agreed that they did not have sufficient confidence or knowledge, there was concurrent lower agreement among professionals. Further, the data would suggest that, with few exceptions, comparisons of the Advisory Committee and the larger patient group were sufficiently similar to lend some confidence to the contention that the selected twelve members represent a larger patient population. Conclusions drawn about the relationship of the patient and professional opinion could logically extend to the Patient Advisory Committee.

Analysis of data regarding whether the patients' perceptions of the nurse's role changed as a consequence of consumer group participation provided a slight difference in the degree of agreement within the group, in the direction of seeing the nurse as having overall higher value. The comparison of the patient group post sample and the slope value of the professionals suggests increased similarity in the perceptions of the two groups. However, even with the slight difference in degree of agreement the consumer Advisory Committee's perceptions of role importance remained remarkably stable.

General Behavior Category Ranking

In examining data related to the general categories of behaviors generated by the consumer group, one sees that "gives physical care" is the most valued class of behavior for the patient and "provides individualized care" was the most valued by the professional. It is interesting to note that the literature suggests that professionals rate psycho-social needs higher than patients.

A seeming discrepancy between value of competencies achieved by ranking, i.e. highest value given to physical care (technical nursing skills) and patients' verbal behavior about what was desirable, i.e. emphasis on personalization aspects, was resolved by detailed examination of the proportion of competencies within the general value categories. While the 20 individual competencies most highly valued by patients relate to nursing skills, a high proportion of personalization competencies are assigned high value when all patient-generated competencies are grouped in patient value categories. The proportion of specific nursing competencies within the personalization categories relative to physical care is also greater, suggesting again, the greater emphasis overall on personalization aspects of nursing.

Rank order correlation of general categories across general, hospital, office and c[illegible]unity settings suggest a lack of agreement about the nurse's role in an office or community setting. Only when nursing practice was considered in general or in the hospital setting was significant agreement achieved.

Relationship to Mt. Hood Community College Nursing Curriculum

Examination of the relationship of the nursing comptencies generated by the Patient Advisory Committee to the Mt. Hood Community College nursing program reveals that only one of the generated competencies could not be identified within competencies of the curriculum. The competency not found in the nursing program was "retire if nursing becomes just a job". Although this behavior could be considered inappropriate to a nursing curriculum, it was the faculty's feeling that it related to the concept of self evaluation. Self and peer evaluation objectives are repeatedly encouraged within the nursing program. This can be seen in the curriculum areas of psychiatric nursing and team leading where behavioral competencies are written specifically related to this concept. In addition, measures of performance on Program Product Behaviors are used continuously by students for self evaluation purposes. Students are also encouraged to keep continuous measures on behaviors which both inhibit and accelerate nursing performance.

By the end of the second quarter of the nursing program, 85% of the patient generated competencies have been introduced into the curriculum. Completion of the second quarter usually equips the learner to practice at the first level of nursing, i.e. aide. By the end of the fourth quarter, 93% of the patient generated competencies have been introduced. Completion of the competencies associated with the first four quarters or first year allow the student to be eligible for the second level of nursing, i.e. L.P.N. Seven percent (7%) of those behaviors generated are unique to the third level of nursing, i.e. the Registered Nurse.

A proportionally higher number of lower patient valued behaviors are taught during the first than second year. That is, while fewer behaviors are taught second year, the second year competencies have been assigned higher values.

Data collected with regard to the frequency of nursing students demonstrating patient generated behaviors in the course of their clinical experiences showed an overall similarity in celerations for both most and least valued behaviors for first and second year students. A significant feature of this data relates to the celeration of learning opportunities where an increased celeration over time is noted with first year students, while second year students demonstrated no change.

Conclusions and Implications

Conclusion 1: The curriculum is generally sensitive to behaviors generated and valued by the consumers, and these behaviors are taught and emphasized early in the student experience in the nursing program.

Conclusion 2: Although physical care is most highly ranked by patients, personalization of nursing becomes very important after initial physical emergencies are met.

Conclusion 3: Simultaneous celeration of the frequency of doing desired behaviors suggests that first year students increasingly recognize new opportunities to act. After they acquire the necessary new skills, they are able to act. The overall impression that the data provides is that first year students are experiencing growth while second year students are maintaining proficiency in more complex nursing situations.

Conclusion 4: First year students need to gain skills in recognizing personalization opportunity and to act more aggressively on the infrequent opportunity competencies.

Impact for Mt. Hood Community College Program

The faculty reviewed the data and results of the consumer study and considered how these findings support the existing curriculum and teaching methods in the Mt. Hood program and what possible program changes the data suggested.

As for changing the present program based on the data, there was seen a need to further conceptualize the nurse's role in the community setting so that the consumer might more adequately identify and utilize nursing service as a resource in this domain. The faculty seemed to feel a definite concern over the lack of celeration by second year students in L.O.'s and demonstration of desired consumer behaviors. The implication, faculty felt, was a need to emphasize the use of "old" concepts in "new ways" to focus on the more complex and demanding learning experience for the second year.

APPENDIX A

Listing of Illnesses

APPENDIX

Listing of Illnesses

Patient Advisory Group

Run over by a dump truck
Pneumonia
Heart Disease
Diabetic
Open heart surgery
Stomach pains
Skull laceration
Leg amputation
Mastectomy
Mental Illness
Hysterectomy
Kidney transplant

Larger Patient Sample

Birth of child
Heart problems
Prostrate problems
Ulcer related problems
Gall bladder operation
Broken hand
Back surgery
Body operation
P.P.D. test
Ulcer
Kidney cyst
Cataracts
Broken clavicle
Broken leg
Pneumonia
Burns
Back operation
Heart failure
Tremor
Ulcer
Bladder repair
Hysterectomy
Traction for back
Cirrhosis of the liver
G.I. bleeding
Pancreatitis
Pre-natal care
Emphysema
Illness
Osteoarthritis
Broken leg
Broken wrist
Hypochondriac
Sciatic nerve pain

Appendix 6.11

Letter to Consumer Advisory Committee Affirming their Participation

November 2, 1973

Dear __________________:

We appreciate very much your agreement to participate on a Citizen's Consumer Advisory Committee. The efforts of this committee, with your help, will enable us to examine a very important health care issue. This issue relates to those nursing activities which are seen by patients as being helpful during health care situations.

The results of the information gathered will play an important part in a project that is attempting to refine the Mt. Hood Community College Nursing Education Program. If we are successful in doing this, there can be obvious improvements made in health care.

Since this effort is supported by an HEW grant, we are fortunately in a position to reimburse you at the rate of $15.00 per meeting, to help offset any expenses incurred as a consequence of your participation on this committee.

There are two stages to this task, the first of which must be completed by November 30. This first stage will be compiling lists of nursing activities that you see as important in health care situations. This will require that we meet approximately 6 to 7 times for two to three hour periods.

The second stage will involve testing with patients the list compiled by the committee. During this testing period, further meetings will be held. The help you will give at this time will be of a more advisory nature in which we would ask you for your comments and suggestions on the results.

Ms. Gene Crumpton who is on the nursing faculty at Mt. Hood Community College will coordinate our efforts in reaching our goal as a group. She can be contacted at Mt. Hood, 666-1561, ext. 122. You are invited to contact her about any concerns you might have about this project.

We will follow this letter immediately with a telephone call to find out what would be the best time to meet for our first meeting.

We look forward to working with you.

Sincerely,

Gene Crumpton, R.N.
Instructor/Nursing Program

Martin Waechter, Ph.D.
Project Director

Diana H. Dean, R.N., Ph.D.
Coordinator/Nursing

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Appendix 6.12

Instructions, Consumer Advisory Information Sheet, Test Protocal for Consumer Perceptions of the Role of the Nurse

Consumer Advisory Information Sheet

1. Name ________________________
2. Address ______________________
3. Age ________
4. Sex ________

6. Marital Status ___________
7. Number of Children ________

______ age ______ sex ______ age ______ sex
______ age ______ sex ______ age ______ sex
______ age ______ sex ______ age ______ sex

8. Describe your most recent illness ____________ ____________

   a. length of care ____________________

   b. Check where health service was delivered:
      Home ____
      Hospital ____
      Office ____
      Community Facility:
        Private ____
        Public ____

   c. If your stay was in a hospital, were you considered a teaching patient?

      yes ____ no ____

   d. Was your illness covered by insurance? yes ____ no ____

9. Occupation ____________________

10. Educational history (circle one):

    Elementary School High School College Bachelor Degree Adv. Degree

Instructions: Please fill out the following questionnaire about your view of the role of the nurse. Each question asks that you respond in view of the nurse's activities in hospital, office and community settings. Examples are shown below. Your response should be recorded on a five point scale where 1 represents low and 5 represents high, and 3 represents the middle or average. If you feel you do not have sufficient information to answer a question or part of a question, please leave it blank.

Examples of Health Care Settings

Hospital

General Hospital
Specialty Hospital (i.e. maternity)
Extended Care Facility
Nursing Home
Home for the Elderly
Hospital Out-Patient Department (i.e. emergency room, diagnostic/therapeutic dept., physical therapy, x-ray)

Office

Private physician's office
Private physician in group practice
Health maintenance organization office or clinic (Kaiser)

Community Service

Neighborhood clinics
Federal, State, County Health Clinics
Public Health Nurse
Home Care

MT. HOOD NURSING PROJECT CONSUMER SURVEY

Considering all those responsible for delivery of health care (doctors, aides, therapists, etc.) how would you see (rate) the nurse in the following areas:

1. Visibility (How obvious are nurses, relative to others

a) Hospital

LO MID HI

1 2 3 4 5

(never visible) (always visible)

b) Office

1 2 3 4 5

(never visible) (always visible)

c) Community

1 2 3 4 5

(never visible) (always visible)

2. Urgency (How important is it that the nurse do what she does, when she does it, on time, etc.)

a) Hospital

1 2 3 4 5

(not important) (very important)

b) Office

1 2 3 4 5

(not important) (very important)

c) Community

1 2 3 4 5

(not important) (very important)

3. Necessity (How necessary are the things the nurse provides care for in relation to other health care agents)

a) Hospital

1 2 3 4 5

(unnecessary) (very necessary)

b) Office

1 2 3 4 5

(unnecessary) (very necessary)

c) Community

1 2 3 4 5

(unnecessary (very necessary)

4. Scope (What proportion of patients are cared for by nurses)

LO MID HI

a) Hospital
1 2 3 4 5
(none) (all)

b) Office
1 2 3 4 5
(none) (all)

c) Community
1 2 3 4 5
(none) (all)

5. Impact (What proportion of patients problems receive care from nurse)

a) Hospital
1 2 3 4 5
(none) (all)

b) Office
1 2 3 4 5
(none) (all)

c) Community
1 2 3 4 5
(none) (all)

6. Value (Relative to the contributions of others, how much of the final outcome of health care are determined by what nurses do)

Physical Condition:

a) Hospital
1 2 3 4 5
(none) (all)

b) Office
1 2 3 4 5
(none) (all)

c) Community
1 2 3 4 5
(none) (all)

Feelings of Patients:

a) Hospital
1 2 3 4 5
(none) (all)

b) Office

LO MID HI
(none) 1 2 3 4 5 (all)

c) Community

(none) 1 2 3 4 5 (all)

7. Independence (How independently do nurses direct their own activities in providing health care)

a) Hospital

(dependent on others) 1 2 3 4 5 (act independently)

b) Office

(dependent on others) 1 2 3 4 5 (act independently)

c) Community

(dependent on others) 1 2 3 4 5 (act independently)

8. Responsibility (Relative to the responsibility of others, how much are nurses "at fault", as you see it, if things go wrong in each setting)

a) Hospital

(not at fault) 1 2 3 4 5 (totally at fault)

b) Office

(not at fault) 1 2 3 4 5 (totally at fault)

c) Community

(not at fault) 1 2 3 4 5 (totally at fault)

9. Accessibility (How easy compared to the accessibility of other personnel, is it for a patient to "get to" nurses in each setting)

For a Physical Problem:

a) Hospital

(very difficult) 1 2 3 4 5 (very easy)

b) Office

(very difficult) 1 2 3 4 5 (very easy)

LO MID HI

c) Community 1 2 3 4 5

(very difficult) (very easy)

For a Feelings Problem:

a) Hospital 1 2 3 4 5

(very difficult) (very easy)

b) Office 1 2 3 4 5

(very difficult) (very easy)

c) Community 1 2 3 4 5

(very difficult) (very easy)

10. Compared to the "man on the street" how knowledgeable are you about nursing?

1 2 3 4 5

(less knowledgeable) (more knowledgeable

11. What is the most important activity a nurse engages in?

Patient Consumer Advisory Committee Survey

I can readily distinguish a nurse from other health care personnel in a service delivery setting.

HI MID LO

a) Hospital

(never) 1 2 3 4 5 (always)

b) Office

(never 1 2 3 4 5 (always)

c) Community

(never) 1 2 3 4 5 (always)

Ranking of General Categories
Of Nursing Behaviors

Rank the following general categories of nursing behaviors using number 1 through 12, with 12 being the most valuable to you and 1 being the least valuable.

RANK	ITEM
____	Making patient feel important
____	Provides individualized care
____	Works Safely
____	Gives physical care (relieves discomfort)
____	Teaches
____	Is adaptable
____	Explains
____	Has pleasant mannerisms
____	Respects privacy
____	Gives support to grieving and terminally ill
____	Relays information
____	Positively interprets and follows hospital policy

Category # ______ ____________

RANK

Behavior #	1	2	3	4	5	6	7	8

RANK

Behavior #	1	2	3	4	5	6	7	8

Appendix 6.13

Listing of specific behaviors (desired out-comes)
Generated by the Patient Advisory Committee
Under General Categories

General Category 1: Makes Patient Feel Important

Visit without being asked
Use patient's name
Ask for preferred name
Offer services without being asked
Touch patient to communicate concern and caring
Notice changes in appearance (make-up on)
Refer to previous conversations
Ask preferences when options exist
Waves and smiles greetings
Do errands (writes letters, mails letters, get magazines)
Talk to patient
Listen to patient
Get patient to talk about himself
Speak to and make friendly remarks when doing tasks
Keep promises (to call doctor, to call family, to return)
Praise accomplishments
Make follow-up phone call to patient's home
Share patient troubles, listen to concerns
Deliver phone message to and from patient
Remember patient needs
Spend extra time with patient to talk, to play cards
Answer light promptly
Do treatments on time or else explain reason for delay
Make extra bed changes (for diaphoresis) cheerfully
Disregard financial situation as a criterion for giving good care
Show interest in patient and family (comments about pictures, etc.)
Find out about special interests of patient
Apologize when unkind or short
Tell patient vital signs if he asks (rather than insult intelligence by withholding)
Speak kindly
Let patient feel less helpless (allow patient to help with own care)
Recognize that dirt does not necessarily mean poverty
Allow patient and family to participate in decisions regarding costly tests or treatments
Check out with patient on financial matters, rather than assume
Verbalize that she understands problem, feelings
Listen to patient complaints
Direct entire attention to patient when with him
Is physically present often
Interfere on patient behalf when doctors or others would disturb unnecessarily to do excessive examinations
Minimize waiting time (in office)
Retire if nursing becomes just a job

General Category 2: Provides Individualized Care

Talk when patient wants to talk, is quiet when patient doesn't want to talk
Respond to idiosyncracies - gives hot water to drink, gets another nurse to care for patient, gives coffee at bedtime

Perform routine care on a flexible time schedule
Learn patient preferences and acts in light of them
Ask patient what he wants
Find out what patients know before offering explanation
Find out about previous hospitalization if any
Provide private room if needed and possible to do
Provide juices at different hours
Allow family to participate in care if comforting
Include patient in planning care
Consider importance of family and include as source of information about patient
Visit early in shift and ask patient about his needs
Let patient walk when they can (be more independent)
Assign rooms according to needs of patients
Give choice of wakeup time - allow to sleep later, provide later breakfast, do blood tests later in day
Ask patient about what he likes to eat
Ask patient how he feels about care
Ask patient if prescription helps
Ask patient if he wants follow-up services
Limit visitors if patient doesn't feel well
Bring extra cup of coffee
Work to find solution to problems rather than avoid
Creative in choice of fluids, e.g., substitute ice chips for water for fluid allowance
Assign same nurse to patient when possible for security and comfort
Participate with patient during labor
Volunteer help for sleeplessness
Include parent when dealing with child
Get down to child's level
Place articles within reach of patient
Check for right or left handedness when arm casted
Relate personal experiences if would put patient at ease
Offers sympathy but not too much
Changes response to patient according to patient's emotional or physical state
Acknowledges depression - doesn't ignore
Reorients the confused as often as patient seems to require
Reassure often that you are present and available
Anticipates fears that patient may have for unknown or unusual

General Category 3: Works Safely

Checks orders carefully
Checks identification rigidly
Ensures patient will not be alone in delivery room
Pays attention to food restrictions, allergies
Observes patient several times at night
Charts pertinant facts
Protects from hot liquids if sleepy, aged, child
Teach safety factors to patients

General Category 4: Gives Physical Care

Gives warm bath
Gives warm enema
Gives gentle enema
Offers a drink
Handles patient gently
Helps patient cough and do lung exercises
Holds pillow on abdomen to ease pain
Requires patient to do activities necessary for healing
Uses enough help to lift a heavy person
Recognizes that some people "hurt" easily and need gentler handling
Takes time with enema
Inserts needle quickly, holds steady during injection
Monitors V.S.
Checks I.V.'s, adjusts
Checks dressings
Checks drainage tubes
Does physical care on time, quickly (though not rushed)
Acts confident when performing treatments
Assists to change position
Volunteers help
Attends to detail in routine or special care
Serves meals promptly
Assists to eat if necessary
Checks during meal on eating (especially if child)
Prepares for meal
Get warm food if tray gets cold
Gives medicine on time
Change bed
Transports patient gently
Washes hair when dirty
Treats rashes
Treats sore hemorrhoids
Treats sore backs
Anticipates patient pain
Offers pain medication
Adjusts pillows
Gives back rubs
Washes face often (in ICU)

General Category 5: Teaches

Exercises for home care, help practice
How to breathe in labor
How to breast feed
How to position baby for comfort during feeding
Safety factors (not to walk on floors in bare feet)
Nutrition
Family how to deal with problems at home
Specific procedures and skills for home use

Demonstrates skill to be learned
Allows patient to practice new skill
Responds to patient need to feel comfortable about learning a strange skill
Teaches responsiblity associated with birth control, not just techniques
Teaches new mother about baby - how noises affect him
Gives instructions kindly
Teaches self care for some things in hospital
Ascertain what needs to be taught before teaching
Teaches IPPB

General Category 6: Is adaptable

Has possible solution in mind when unusual situation arises
Copes with patients' emotions
Offers distractions from problems for child: a) plays games with child; b) reads books; c) uses T.V.; d) gives treats

General Category 7: Explains

Answers questions thoroughly and directly
Considers all questions seriously
Admits ignorance
Replies honestly to questions
Replies when unable to give complete answer with response other than "You will have to ask your doctor" or "I can't tell you that"
Interprets vital signs and test results
Tell what to expect when undergoing diagnosis or prescription procedure
Gives as much detail as possible about roommate who "goes bad"
Explains unusual or emergency situations occurring to other patients on ward if asked
Explains unusual equipment
Explains why unable to give more pain medication
Explains hospital routines, equipment, call light, meal times
Takes time to explain things to patient
Explains reasons for all prescriptions
Gives preventive explanation
Explains reason for rushed interaction
Informs family of changes in condition
Makes explanation as often as necessary (time of day)
Explains why unable to wash hair (or do anything)
Checks for knowledge, understanding before giving explanation
Explains side effects (blood transfusions)
Explains possible changes in life style
Gives information about community agency help which may be needed or wanted
Relates to patient limits of nurses practice
Explains nurses role in explanation of test results
Explains why pain occurs
Explains loss of appetite
Explain need for walking despite pain
Gives suggestions for possible solution to problems

General Category 8: Has Pleasant Appearance (Mannerisms)

Dresses neatly
Uses makeup sparingly
Uses perfume sparingly
Smells clean
Keeps long hair up
Looks happy
Smiles
Practices good hygiene
Looks rested, relaxed
Has good posture (stands straight, walks tall)
Wears clean uniform
Shows sense of humor - Shares funny happenings, laughs, listens to patients' jokes, laughs at self, uses humor appropriately, teases patient if appropriate
Responds in pleasant manner, not flippant
Avoids showing dislike or boredom

General Category 9: Respects Privacy and Modesty of Patient

Assigns male to male bath if patient unusually sensitive
Leaves when patient washes dentures
Pulls curtains before giving treatment or exam
Knocks on door before entering
Exposes only necessary parts for treatment
Leaves room when patient uses bedpan or toilet
Leaves alone when family present
Keeps opinion of patient's affairs to herself
Discusses case only with medical persons involved
Uses quiet voice during personal discussions
Closes door during care
Respect patient's right to be silent about private life

General Category 10: Gives Support to Grieving and Terminally Ill

Allows family of deceased to be with body
Greet relatives of deceased with dignity
Prepares for grieving family members - don't act shocked
Voices sorrow
Acts calm and quiet with grieving
Teaches families of dying what the dying need
Obtains additional education or skill for work with dying if needed
Approaches rather than avoids terminal patient

General Category 11: Relays Information

Delivers phone messages from family to patient
Communicates with other shifts concerning changes in care and special needs so patient does not have to repeat
Verbalizes patient concerns to administrators
Gives as much information to relatives as possible when they inquire

Lets patient know if he is doing right thing
Informs family of changes in condition (especially when worse)
Provides clock for patient to see in ICU
Informs doctor of patient concerns
Tell child when parent will return
Gives progress report to patient and family
Reports back on call to doctor or when asked to find out something

General Category 12: Interprets and Enforces Hospital Policy

Lets visitors stay longer
Lets children visit parents sometimes
States and responds to intent of policy rather than policy itself
Initiate change in policy if archaic
Allows late hour T.V. if not disturbing to others
Uses common sense with red tape

Appendix 6.14

Distribution of nursing competencies generated by the Patient Advisory Committee into ten equal categories so as to group those behaviors which were the most valued (Category 1) to those behaviors which were the least valued (Category 10). The value of a specific competency relative to another one was achieved by multiplying ranked value of the general categories of nursing competencies by the ranked value of a specific competency. This process allows for making statements of the order of relative decreasing value for each behavior. These then were put into 10 equal categories and are termed for this report value categories.

Key to General Categories of Consumer Generated Behaviors

G.P.C.	Gives Physical Care
P.I.C.	Provides Individualized Care
M.P.F.I.	Makes Patient Feel Important
W.S.	Works Safely
G.S.G.T.I.	Gives Support to Grieving and Terminally Ill
H.P.A.(M)	Has Pleasant Appearnace (Mannerisms)
R.P.M.P.	Respects Privacy and Modesty of Patient
R.I.	Relays Information
I. & E. H.P.	Interprets and Enforces Hospital Policy

VALUED BEHAVIORS

Behavior	General Category
Group #1	
Checks I.V., adjusts	G.P.C.
Helps patient cough and do lung exercises	G.P.C.
Anticipates patient pain	G.P.C.
Offers pain medication	G.P.C.
Handles patient gently	G.P.C.
Requires patient to do activities necessary for healing	G.P.C.
Checks dressings	G.P.C.
Gives medicine on time	G.P.C.
Monitors V.S.	G.P.C.
Checks drainage tubes	G.P.C.
Transports patient gently	G.P.C.
Include parent when dealing with child	P.I.C.
Answer light promptly	M.P.F.I.
Disregard financial situation as a criteria for giving good care	M.P.F.I.
Uses enough help to lift a heavy person	G.P.C.
Recognizes that some people hurt easily and need gentler handling	G.P.C.
Treats sore hemorrhoids	G.P.C.
Checks identification	W.S.
Anticipates fears that pt. may have for unknown or unusual	P.I.C.
Approaches rather than avoids terminal patient	G.S.G.T.I.
Assists to eat if necessary	G.P.C.
Treats sore backs	G.P.C.
Include pt. in planning care	P.I.C.
Group #2	
Listen to patient	M.P.F.I.
Remember pt. needs	M.P.F.I.
Allow pt. and family to participate in decisions regarding costly treatments	M.P.F.I.
Listen to pt. complaints	M.P.F.I.
Learn pt. preferences and act in light of them	P.I.C.
Allow family to participate in care if comforting	P.I.C.
Work to find solutions to problems rather than avoiding them	P.I.C.
Reassure often that you are present and available	P.I.C.
Take time with enema	G.P.C.
Does physical care on time, quickly (though not rushed)	G.P.C.
Offer services without being asked	M.P.F.I.
Ask preferences when options exist	M.P.F.I.
Keep promises	M.P.F.I.
Speak kindly	M.P.F.I.
Assign rooms according to needs of patients	P.I.C.

Behavior	General Category
Place articles within reach of pt.	P.I.C.
Changes response to pt. according to pt.'s emotional state	P.I.C.
Tells what to expect when undergoing diagnosis or prescription	Explains
Do errands	M.P.F.I.
Talk to patient	M.P.F.I.
Verbalize that she understands problem, feelings	M.P.F.I.
Gives gentle enema	G.P.C.
Group #3	
Holds pillow on abdomen to ease pain	G.P.C.
Checks during meal (especially if child)	G.P.C.
Treats rashes	G.P.C.
Obtains additional education or skill for working with dying if needed	G.S.G.T.I.
Checks order carefully	W.S.
Ensures pt. will not be alone in delivery room	W.S.
Avoids showing dislike or boredom	H.P.A.(M)
Family how to deal with problems at home	Teaches
Consider importance of family and include as source of information about patient	P.I.C.
Visit early in shift and ask pt. about his needs	P.I.C.
Ask pt. if he wants follow-up services	P.I.C.
Participate with pt. during labor	P.I.C.
Acknowledges depression - doesn't ignore	P.I.C.
Use pt.'s name	M.P.F.I.
Pulls curtains before giving treatment or exam	R.P.M.P.
Respects pt.'s right to be silent about private life	R.P.M.P.
Specific procedures and skills for home use	Teaches
Explains unusual equipment	Explains
Explains why unable to give more pain medication	Explains
Explains side effects (i.e., blood transfusions)	Explains
Gives information about community agency help which may be needed or wanted	Explains
Group #4	
Ask patient what he wants	P.I.C.
Give choice of wake-up time - allow to sleep later, provide later breakfast, do blood tests later in day	P.I.C.
As pt. how he feels about care	P.I.C.
Ask pt. if prescription helps	P.I.C.
Responds in pleasant manner, not flippant	H.P.A.(M)
Praise accomplishments	M.P.F.I.
Share pt. troupbles, listen to concerns	M.P.F.I.
Do treatments on time or else explain reason for delay	M.P.F.I.
Make extra bed changes cheerfully	M.P.F.I.
Apologize when unkind or short	M.P.F.I.
Tell pt. vital signs if he asks	M.P.F.I.

Behavior	General Category
Let pt. feel less helpless (allow pt. to help with wound care	M.P.F.I.
Interfere on pt. behalf when doctors or others would disturb unnecessarily, to do excessive examinations	M.P.F.I.
Spend extra time with pt. to talk, play cards etc.	M.P.F.I.
Greet relatives of deceased with dignity	G.S.G.T.I.
Allows pt. to practice new skill	Teaches
Replies when unable to give complete answer with response other than "You will have to ask your Doctor" or "I can't tell you that"	Explains
Informs family of changes in condition	Explains
Gives suggestions for possible solution to problems	Explains
Pays attention to food restrictions, allergies	W.S.
Observes pt. several times at night	W.S.
Respond to idiosyncracies	P.I.C.
Group #5	
Limit visitors if patient doesn't feel well	P.I.C.
Assign same nurse to pt. when possible for security and comfort	P.I.C.
Volunteer help for sleeplessness	P.I.C.
Relate personal experiences if would put pt. at ease	P.I.C.
Exposes only necessary parts for treatment	R.P.M.P.
Keeps opinion of pt.'s affairs to herself	R.P.M.P.
Smiles	H.P.A.(M)
Offers a drink	G.P.C.
Inserts needle quickly, holds steady during injection	G.P.C.
Assists to change position	G.P.C.
Attends to detail in routine or special care	G.P.C.
Nutrition	G.P.C.
Responds to pt. need to feel comfortable about learning a strange skill	Teaches
Interprets vital signs and test results	Explains
Explains hospital routines, equipment, call light, meal times, etc.	Explains
Takes time to explain things to pt.	Explains
Explains possible changes in life style	Explains
Explain need for walking despite pain	Explains
Direct entire attention to pt. when with him M.P.F.I.	
Has possible solution in mind when unusual situation arises	Is Adaptable
Informs family of changes in condition (Esp. when worse)	Relays Info
Shows sense of humor	H.P.A.(M)
Informs doctor of pt. concerns	R.I.
Group #6	
Demonstrates skill to be learned	Teaches
Answers questions thoroughly and directly	Explains
Considers all questions seriously	Explains

Behavior	General Category
Explains reasons for all prescriptions	Explains
Provide private room if needed and possible to do so	P.I.C.
Get down to child's level	P.I.C.
Check for right or left handedness when arm casted	P.I.C.
Offer sympathy but not too much	P.I.C.
Reorients the confused as often as pt. seems to require	P.I.C.
Teaches families of dying what the dying need	G.S.G. & T.I.
Check with pt. on financial matters, rather than assume	M.P.F.I.
Is physically present often	M.P.F.I.
Acts confident when performing treatments	G.P.C.
Volunteers help	G.P.C.
Changes bed	G.P.C.
Looks happy	H.P.A.(M)
Practices good hygiene	H.P.A.(M)
Copes with pt.'s emotions	Is Adaptable
Exercises for home care, help practice	Teaches
Teaches new mother about baby - how noises effect him	Teaches
Bring extra cup of coffee	P.I.C.
Charts pertinant facts	W.S.
Protects from hot liquids if sleepy, aged, or child	W.S.

Group #7

Acts calm and quiet with grieving	G.S.G. & T.I.
Gives as much information to relatives as possible when they inquire	Relays Information
Tell child when parent will return	Relays Information
Leaves room when pt. uses bedpan or toilet	R.P. & M.P.
Leaves alone when family present	R.P. & M.P.
Uses quiet voice during personal discussion	R.P. & M.P.
Closes door during care	R.P. & M.P.
Wears clean uniform	H.P.A.(M)
Teaches responsibility associated with birth control, not just techniques	Teaches
Gives instructions kindly	Teaches
Teaches self care for some things in hospital	Teaches
Teaches IPPB	Teaches
Offers distractions from problems for child	Is Adaptable
Communicates with other shifts concerning changes in care and special needs so pt. does not have to repeat	Relays Information
Gives progress report to pt. and family	Relays Information
Reports back on call to doctor or when asked to find out something	Relays Information
Serves meals promptly	G.P.C.
Washes face often (in I.C.U.)	G.P.C.
Looks rested, relaxed	H.P.A.(M)
Prepares for grieving family members - don't act shocked	G.S.G. & T.I.
Talk when pt. wants to talk, is quiet when pt. doesn't want to	P.I.C.

Behavior	General Category
Find out what pt.'s know before offering explanation	P.I.C.
Let pt.'s walk when they can (be more independent)	P.I.C.
Group #8	
How to breathe in labor	Teaches
Explains unusual or emergency situations occuring to other pt.'s on ward if asked	Explains
Gives preventive explanation	Explains
Makes explanation as often as necessary (time of day)	Explains
Explains why pain occurs	Explains
Notice changes in appearance	M.P.F.I.
Speak to and make friendly remarks when doing tasks	M.P.F.I.
Deliver phone messages to and from pt.	M.P.F.I.
Find out about special interest of pt.	M.P.F.I.
Initiate change in policy if archaic	I. & E.H.P.
Knocks on door before entering	R.P. & M.P.
Discusses care only with medical persons involved	R.P. & M.P.
Dresses neatly	H.P.A.(M)
Smells clean	H.P.A.(M)
How to breast feed	Teaches
Replies honestly to questions	Explains
Gives warm bath	G.P.C.
Gives warm enema	G.P.C.
Get warm food if tray gets cold	G.P.C.
Gives back rubs	G.P.C.
Ask pt. what he likes to eat	P.I.C.
Touch pt. to communicate concern and caring	M.P.F.I.
Group #9	
Get pt. to talk about himself	M.P.F.I.
Show interest in pt. and family	M.P.F.I.
Minimize waiting time (in office)	M.P.F.I.
Delivers phone messages from family to pt.	R.I.
Voices sorrow	G.S.G. & T.I.
Lets children visit parents sometimes	I.& E.H.P.
States and responds to intent of policy rather than policy itself	I.& E.H.P.
Uses common sense with red tape	I.& E.H.P.
Keeps long hair up	H.P.A.(M)
Find out about previous hospitalization, if any	P.I.C.
Creative in choice of fluids, e.g., substitute ice chips for water or fluid allowance	P.I.C.
Recognize that dirt does not necessarily mean poverty	M.P.F.I.
Prepares for meal	G.P.C.
Washes hair when dirty	G.P.C.
Safety factors	Teaches
Gives as much detail as possible about roommate who "goes bad"	Explains
Explains reason for rushed interaction	Explains

Behavior	General Category
Relates to pt. limits of nurses practice	Explains
Explains nurses role in explanation of test results	Explains
Explains loss of appetite	Explains
Teach safety factors to patients	W.S.
Provide juices at different hours	P.I.C.

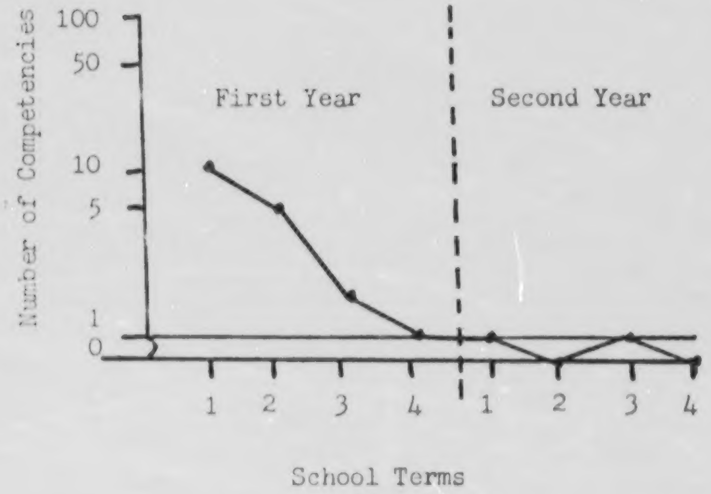
Group #10

Ascertain what needs to be taught before teaching	Teaches
Visit without being asked	M.P.F.I.
Waves and smiles greetings	M.P.F.I.
Makes follow up phone call to pt.'s home	M.P.F.I.
Uses make-up sparingly	H.P.A.(M)
Uses perfume sparingly	H.P.A.(M)
Verbalizes pt. concerns to administrators	R.I.
Allows family of deceased to be with body	G.S.G. & T.I.
Adjusts pillows	G.P.C.
Lets visitors stay longer	I. & E.H.P.
Allows late hours T.V. if not disturbing to others	I. & E.H.P.
Teaches how to position baby for comfort during feeding	Teaches
Explains why unable (to wash hair) to do anything	Explains
Checks for knowledge, understanding before giving explanation	Explains
Lets pt. know if he is doing the right thing	R.I.
Assigns male to male bath if pt. unusually sensitive	R.P. & M.P.
Has good posture (stands straight, walks tall)	H.P.A.(M)
Ask for patient's preferred name	M.P.F.I.
Refer to previous conversations	M.P.F.I.
Retire if nursing becomes just a job	M.P.F.I.
Provides clock for pt. to see in I.C.U.	R.I.
Admits ignorance	Explains
Leaves when pt. washes dentures	R.P. & M.P.

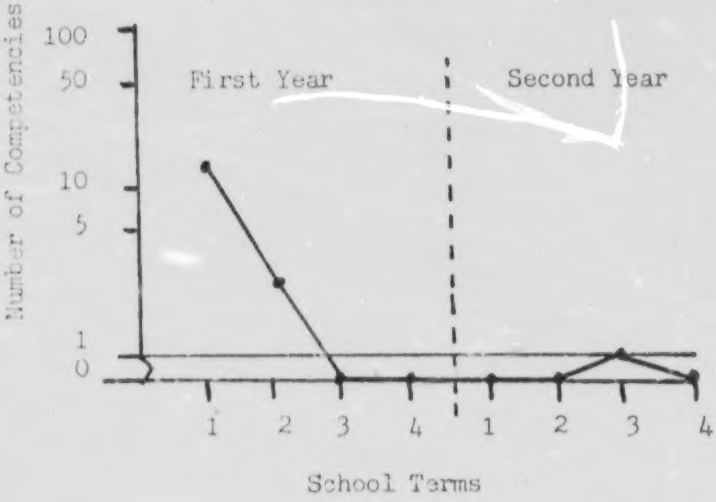
Appendix 6.15

The following 10 Figures show the distribution of competencies for each valued group and their initial introduction in the nursing program by school term (quarter)

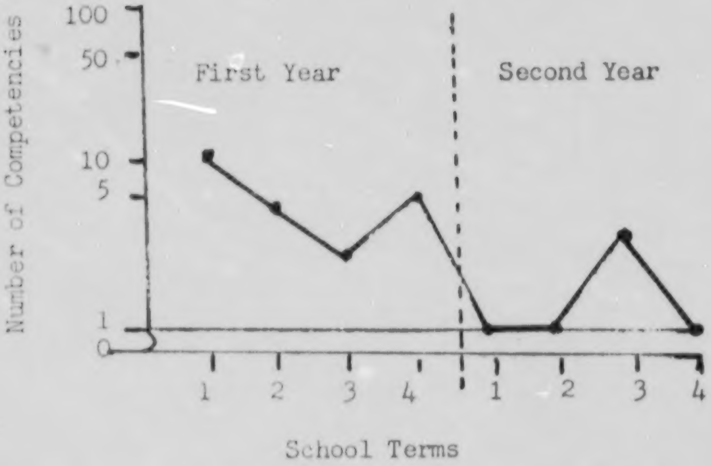
First Group of Valued Competencies
(Highest Value)



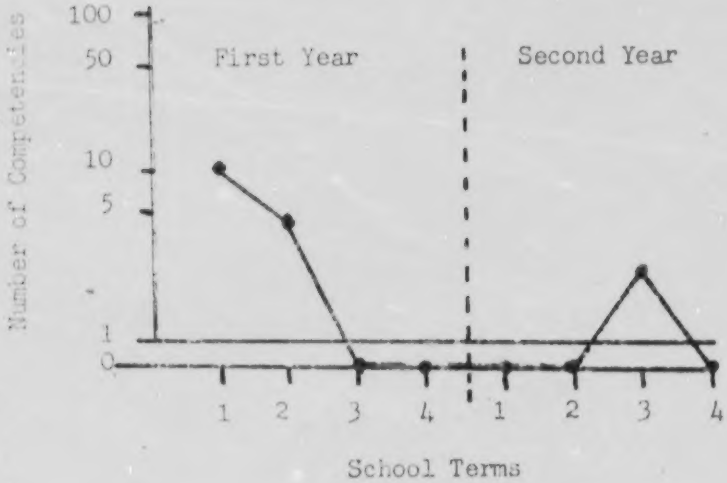
Second Group of Valued Competencies



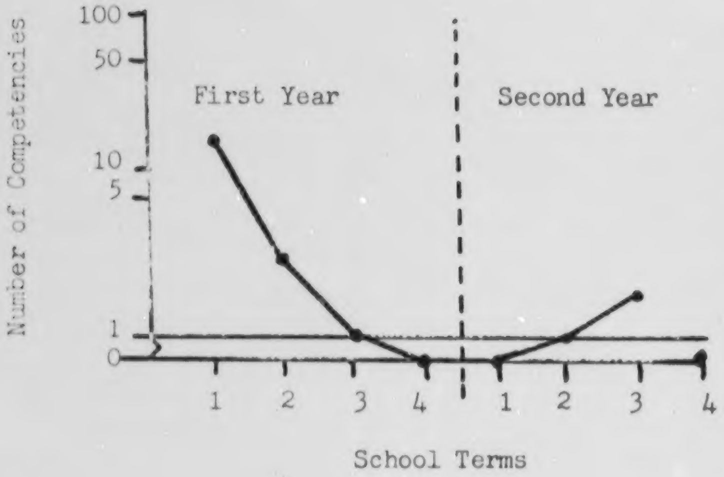
Third Group of Valued Competencies



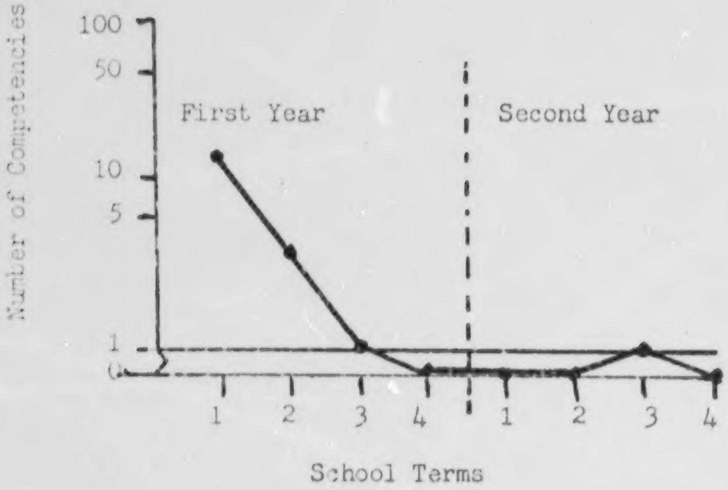
Fourth Group of Valued Competencies



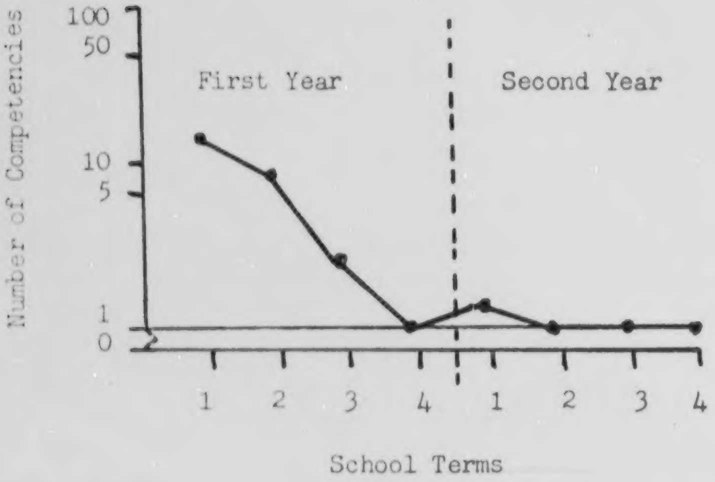
Fifth Group of Valued Competencies



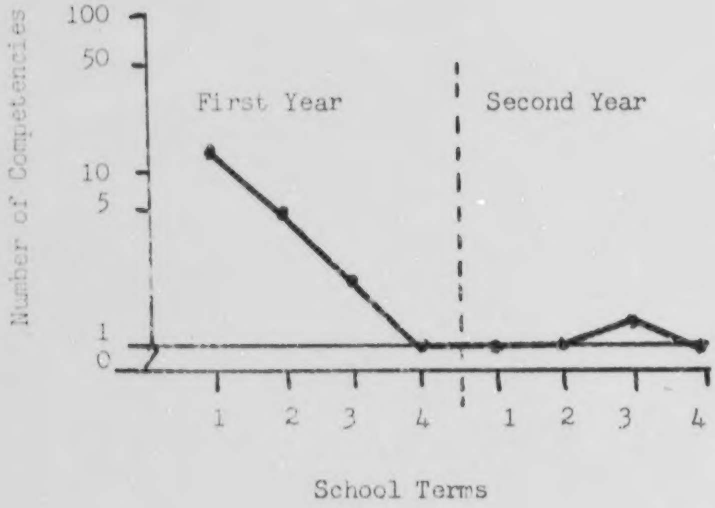
Sixth Group of Valued Competencies



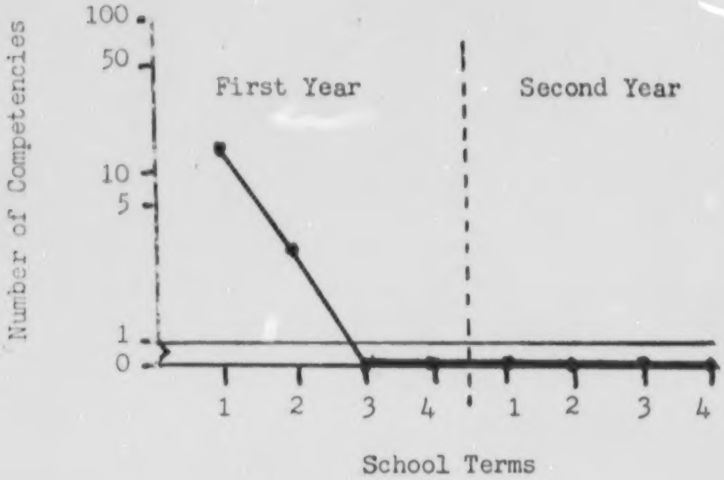
Seventh Group of Valued Competencies



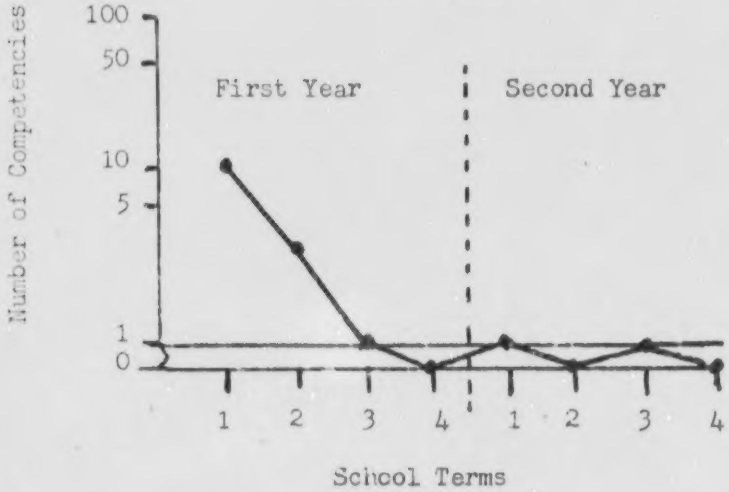
Eighth Group of Valued Competencies



Ninth Group of Valued Competencies



Tenth Group of Valued Competencies
(Lowest Value)



Appendix 6.16

Opinion Survey responded to by student
nurses on whether they did with a patient
in clinical setting those competencies
generated by the Patient Advisory group

Nursing Program - College Project #103
Survey of Student Response to Patient Consumer Behavior List

These pinpoints were generated by patient consumers.

Would you please indicate in the boxes provided whether you could demonstrate the behaviors listed below. Also, indicate as specified, whether you were asked to and whether you did demonstrate the behavior in the clinical setting (at any time as a MHCC nursing student).

Obviously in some instances you may need to check all three boxes, two of the boxes or only one depending upon your particular experience. If you have no idea what the pinpoint means, leave the corresponding boxes blank.

GROUP I

NAME ______________ ______________

	Could you demonstrate this behavior	Were you asked to	Did you	
1. Visit patient without being asked by patient				1
2. Notice changes in patient's appearance (put on make up etc.)				2
3. Talk to patient				3
4. Praise patient accomplishments				4
5. Spend extra time with patient to talk, to play cards				5
6. Show interest in patient and family (comments about pictures, etc.)				6
7. Let patient feel less helpless (allow patient to help with own care				7
8. Listen to patient complaints				8
9. Retire if nursing becomes just a job				9
10. Ask patient what he wants				10
11. Allow family to participate in care if comforting				11
12. Assign rooms according to needs of patient				12
13. Ask patient if he wants follow up services				13
14. Assign same nurse to patient when possible for security and comfort				14

	Could you demonstrate this behavior	Were you asked to	Did you	
15. Place articles within reach of patient				15
16. Acknowledge patient depression - don't ignore				16
17. Checks identification rigidly				17
18. Protects from hot liquids if patient is sleepy, aged, child				18
19. Offers patient a drink				19
20. Uses enough help to lift a heavy person				20
21. Checks I.V.'s, adjusts				21
22. Assists to change position				22
23. Checks during meal re: eating (especially if patient is a child)				23
24. Transports a patient gently				24
25. Anticipates patient pain				25
26. Teaches patient exercises for home care. (helps patient to learn)				26
27. Teaches nutrition				27
28. Responds to patient need to feel comfortable about learning a strange skill				28
29. Ascertain what needs to be taught before teaching				29
30. Answers questions thoroughly and directly				30
31. Interprets vital signs and test results				31
32. Explains why unable to give more pain medication				32
33. Explains reason for rushed interaction				33
34 Explains side effects of procedures and treatments (blood transfusions etc.)				34
35. Explains why pain occurs				35
36. Uses make up and perfume sparingly (on nurse)				36
37. Smiles				37
38. Shows sense of humor - shares funny happenings, laughs, listens to patients' jokes, laughs at self, uses humor appropriately, teases patient when appropriate				38

	Could you demonstrate this behavior	Were you asked to	Did you	
39. Pulls curtains before giving treatment or exam				39
40. Keeps opinion of patient's affairs to him/herself				40
41. Allows family of deceased to be with body				41
42. Teaches families of dying patients what the dying need				42
43. Verbalizes patient concerns to administrators				43
44. Informs doctor of patient concerns				44
45. Lets children visit parents sometimes				45

MT HOOD COMMUNITY COLLEGE
Nursing Program - College Project #103
Survey of Student Response to Patient Consumer Behavior List

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Obviously in some instances you may need to check all three boxes, two of the boxes or only one depending upon your particular experience. If you have no idea what the pinpoint means, leave the corresponding boxes blank.

GROUP II

NAME ______________________________

	Could you demonstrate this behavior	Were you asked to	Did you	
1. Use patient's name				1
2. Refer to previous conversations				2
3. Listen to patient				3
4. Make follow-up phone call to patient's home				4
5. Answer light promptly				5
6. Find out about special interests of patient				6
7. Recognize that dirt does not necessarily mean poverty				7
8. Direct entire attention to patient when with him				8
9. Talk when patient wants to talk, is quiet when patient doesn't want to talk				9
10. Find out what patients know before offering explanation				10
11. Include patient in planning care				11
12. Give choice of wakeup time - allow to sleep later, provide later breakfast, do blood tests later in day				12
13. Limit visitors if patient doesn't feel well				13
14. Participate with patient during labor				14

		Could you demonstrate this behavior	Were you asked to	Did you	
15.	Check for right or left handedness when arm casted				15
16.	Reorients the confused as often as patient seems to require				16
17.	Ensures patient will not be alone in delivery room				17
18.	Teach safety factors to patients				18
19.	Handles patient gently				19
20.	Recognizes that some people "hurt" easily and need gentler handling				20
21.	Checks dressings				21
22.	Volunteers help				22
23.	Prepares for meal				23
24.	Washes hair when dirty				24
25.	Offers pain medication				25
26.	Teaches how to breathe in labor				26
27.	Teaches family how to deal with problems at home				27
28.	Teaches responsibility associated with birth control, not just techniques				28
29.	Teaches IPPB				29
30.	Considers all questions seriously				30
31.	Tells what to expect when undergoing diagnosis or prescription procedure				31
32.	Explains hospital routines, equipment, call light, meal times				32
33.	Informs family of changes in condition of pt.				33
34.	Explains possible changes in life style				34
35.	Explains loss of appetite				35
36.	Uses perfume sparingly				36

	Could yo demonstrate this behavior	Were you asked to	Did you	
37. Practices good hygiene				37
38. Responds in pleasant manner, not flippant				38
39. Knocks on door before entering				39
40. Discusses case only with medical persons involved				40
41. Greet relatives of deceased with dignity				41
42. Obtains additional education or skill for work with dying if needed				42
43. Gives as much information to relatives as possible when they inquire				43
44. Tell child when parent will return				44
45. States and responds to intent of policy rather than policy itself				45

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Nursing Program - College Project #103
Survey of Student Response to Patient Consumer Behavior List

These pinpoints were generated by patient consumers.

Would you please indicate in the boxes provided whether you could demonstrate the behaviors listed below. Also, indicate as specified, whether you were asked to and whether you did demonstrate the behavior in the clinical setting (at any time as a MHCC nursing student).

Obviously in some instances you may need to check all three boxes, two of the boxes or only one depending upon your particular experience. If you have no idea what the pinpoint means, leave the corresponding boxes blank.

GROUP III

NAME ______________________________

	Could you demon-strate this behavior	Were you asked to	Did you	
1. Ask patient for preferred name				1
2. Ask patient preferences when options exist				2
3. Get patient to talk about himself				3
4. Share patient troubles, listen to concerns				4
5. Do treatments on time or else explain reason for delay				5
6. Apologize when unkind or short				6
7. Allow patient and family to participate in decisions regarding costly tests or treatments				7
8. Is physically present often				8
9. Respond to idiosyncracies - gives hot water to drink, gets another nurse to care for patient, gives coffee at bedtime				9
0. Find out about previous hospitalization if any				10
1. Consider importance of family and include as source of information about patient				11
2. Ask patient about what he likes to eat				12
3. Bring extra cup of coffee				13
4. Volunteer help for sleeplessness				14

	Could you demon-strate this behav	Were you asked t	Did you	
15. Relate personal experiences if would put patient at ease				15
16. Reassure often that you are present and available				16
17. Pays attention to food restrictions, allergies				17
18. Gives warm bath				18
19. Helps patient cough and do lung exercises				19
20. Takes time with enema				20
21. Checks drainage tubes				21
22. Attends to detail in routine or special care				22
23. Get warm food if tray gets cold				23
24. Treats rashes				24
25. Adjusts pillows				25
26. Teaches how to breast feed				26
27. Teaches specific procedures and skills for home use				27
28. Teaches new mother about baby - how noises effect him etc.				28
29. Has possible solution in mind when unusual situation arises				29
30. Admits ignorance				30
31. Gives as much detail as possible about roommate who "goes bad"				31
32. Takes time to explain things to patient				32
33. Makes explanation as often as necessary (time of day)				33
34. Gives information about community agency help which may be needed or wanted				34
35. Smells clean				35
36. Looks rested, relaxed				36

	Could you demonstrate this beha	Were you asked	Did you	
Avoids showing dislike or boredom				37
Exposes only necessary bodily parts for treatment				38
Uses quiet voice during personal discussions				39
Prepares for grieving family members - don't act shocked				40
Approaches rather than avoids terminal patients				41
Lets patient know if he is doing the right thing				42
Gives progress report to patient and family				43
Initiate change in policy if archaic				44

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Nursing Program - College Project #103
Survey of Student Response to Patient Consumer Behavior List

These pinpoints were generated by patient consumers.

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Obviously in some instances you may need to check all three boxes, two of the boxes or only one depending upon your particular experience. If you have no idea what the pinpoint means, leave the coreesponding boxes blank.

GROUP IV

NAME ______________________________

	Could you demonstrate this behavior	Were you asked to	Did you	
1. Offer services without being asked				1
2. Waves and smiles greetings				2
3. Speak to and make friendly remarks when doing task				3
4. Deliver phone message to and from patient				4
5. Make extra bed changes (for diaphoresis) cheerfully				5
6. Tell patient vital signs if he asks (rather than insult intelligence by withholding)				6
7. Check out with patient on financial matters, rather than assume				7
8. Perform routine care on a flexible time schedule (bathtime)				8
9. Interfere on patient behalf when doctors or others woudl disturb unnecessarily, to do excessive examinations				9
10. Provide private room if need and possible to do				10
11. Visit early in shift and ask patient about his needs				11
12. Ask patient how he feels about care				12
13. Work to find solution to problems rather than avoid				13

	Could you demonstrate this behavior	Were you asked to	Did you	
14. Include parent when dealing with child				14
15. Offers sympathy but not too much				15
16. Anticipates fears that patient may have for unknown or unusual				16
17. Observes patient several times at night				17
18. Gives warm enema				18
19. Holds pillow on abdomen to ease pain				19
20. Inserts needle quickly, holds steady during injection				20
21. Does physical care on time, quickly (though not rushed)				21
22. Serves meals promptly				22
23. Gives medicine on time				23
24. Treats sore hemorrhoids				24
25. Gives back rubs				25
26. Teaches how to position baby for comfort during feeding				26
27. Demonstrates skill to be learned				27
28. Gives instructions kindly				28
29. Copes with patients' emotions				29
30. Replies honestly to questions				30
31. Explains unual or emergency situations occurring to other patients on ward if asked				31
32. Explains reasons for all prescriptions				32
33. Explains why unable to wash hair (or do anything)				33
34. Relates to patient limits of nurses practice				34
35. Gives suggestions for possible solution to problems				35

	Could you demonstrate this behav	Were you asked to	Did you	
36. Keeps long hair up				36
37. Has good posture (stands straight, walks tall)				37
38. Assigns male to male bath if patient unusually sensitive				38
39. Leaves room when patient uses bedpan or toilet				39
40. Closes door during care				40
41. Voices sorrow				41
42. Delivers phone messages from family to patient				42
43. Informs family of changes in condition of pt. (especially when worse)				43
44. Reports back on call to doctor or when asked to find out something				44
45. Allows late hour T.V. if not disturbing to others				45

MT HOOD COMMUNITY COLLEGE
Nursing Program - College Project #103
Survey of Student Response to Patient Consumer Behavior List

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GROUP V

NAME ______________________________

	Could you demonstrate this behavior	Were you asked to	Did you	
1. Touch patient to communicate concern and caring				1
2. Do errands (writes letter, mails letters, gets magazines)				2
3. Keep promises (to call doctor, to call family, to return)				3
4. Remember patient needs				4
5. Disregard financial situation as a criterion for giving good care				5
6. Speak kindly				6
7. Verbalize that she understands problem, feelings				7
8. Minimize waiting time (in office)				8
9. Learn patient preferences and acts in light of them				9
10. Provide juices at different hours				10
11. Let patient walk when they can (be more independent)				11
12. Ask patient if prescription helps				12
13. Creative in choice of fluids, e.g. substitute ice chips for water for fluid allowance				13
14. Get down to child's level with children				14

	Could you demonscrate this behavio	Were you asked to	Did you	
15. Changes response to patient according to patient's emotional or physical state				15
16. Checks orders carefully				16
17. charts pertinant facts				17
18. Gives gentle enema				18
19. Requires patient to do activities necessary for healing				19
20. Monitors V.S.				20
21. Acts confident when performing treatments				21
22. Assists to eat if necessary				22
23. Change bed				23
24. Treats sore backs				24
25. Washes face often (in ICU)				25
26. Teaches safety factors to pt.				26
27. Allows patient to practice new activities or exercises necessary				27
28. Teaches self care for some things in hospital				28
29. Offers distractions from problems for child				29
30. Replies when unable to give complete answer with response other than "You will have to ask your doctor" or "I can't tell you that"				30
31. Explains unusual equipment				31
32. Gives preventative explanation				32
33. Checks for knowledge, understanding, before giving explanation				33
34. Explains nurses role in explanation of test results				34
35. Dresses neatly				35
36. Looks happy				36

	Could you demonstrate this behav.	Were you asked to	Did you	
37. Wears clean uniform				37
38. Leaves when patient washes dentures				38
39. Leaves alone when family present				39
40. Respect patient's right to be silent about private life				40
41. Acts calm and quiet with grieving				41
42. Communicates with other shifts concerning changes in care and special needs so patient does not have to repeat				42
43. Provides clock for patient to see in ICU				43
44. Lets visitors stay longer				44

Appendix 6.16A

Figures 6.16A1 and 6.16A2 show the relationship of first and second year students' opinions on whether they: 1) Could; 2) Were asked; and 3) Did demonstrate competencies generated by the Patient Advisory Committee.

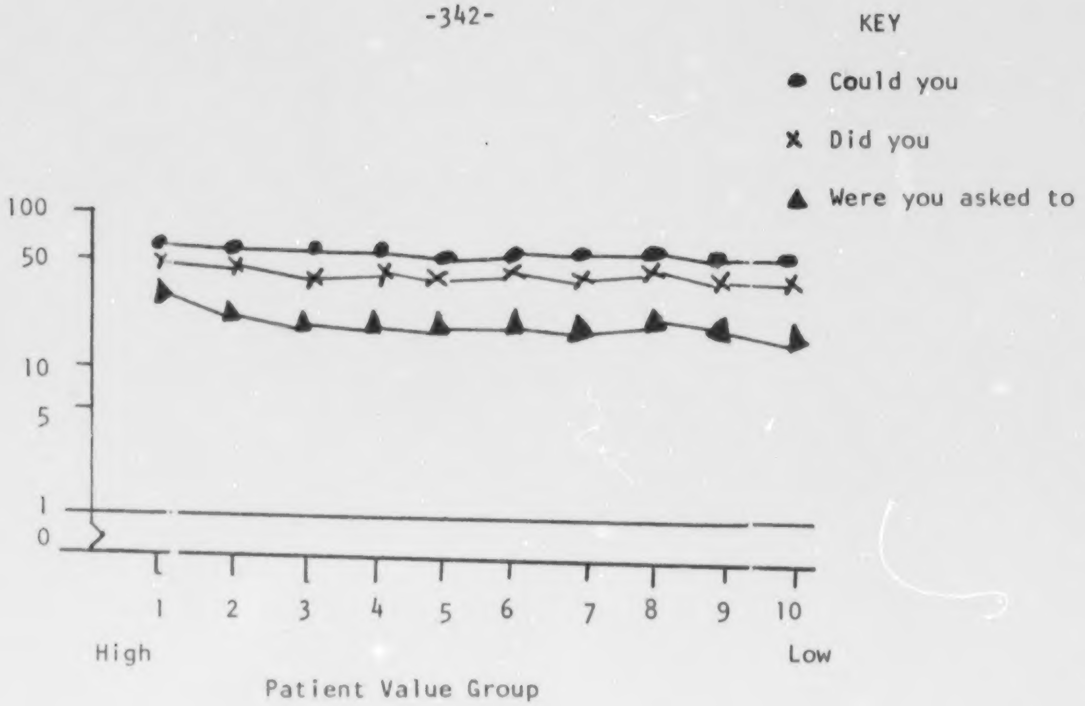

Figure 6.16A1

Distribution of First Year Students on Opionion of Could, Were Asked, and Did Demonstrate Competencies

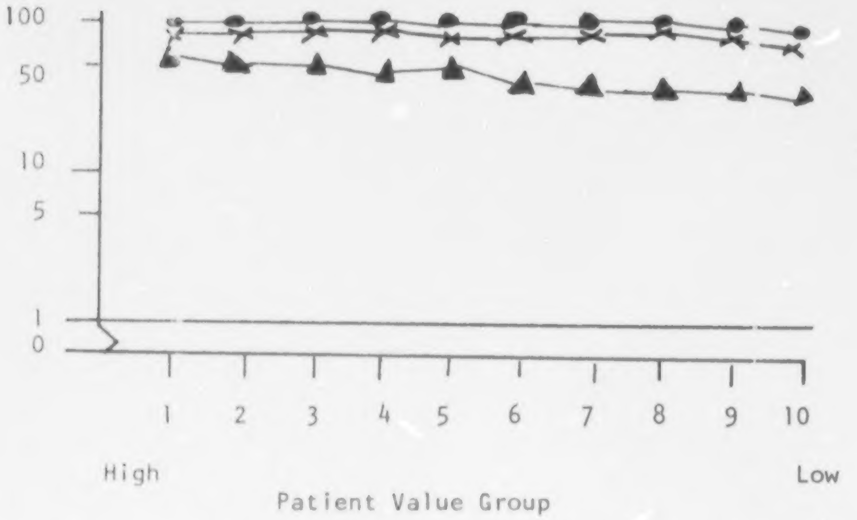

Figure 6.16A2

Distribution of Second Year Students on Opinion of Could, Were Asked, and Did Demonstrate Competencies

Appendix 6.17

Tally sheets for collection of frequency of demonstrated use of consumer generated competencies. Behaviors in Group A were the twenty most valued behaviors by the consumers. Group B were the 20 least valued behaviors. Form II was used by students to total their daily tallies (counts).

TALLY SHEET   Behaver ____________   Constant Record Floor of: __________

Pinpoints	COR	LO	S	COR	LO	S	COR	LO	S	COR	LO	S
1. Checks IV's, Adjusts												
2. Helps patient cough and do lung exercises												
3. Offers pain medication												
4. Handles patient gently												
5. Requires patient to do activities necessary for healing												
6. Checks dressings												
7. Gives medicine on time												
8. Monitors V.S.												
9. Checks drainage tubes												
0. Transports patient gently												
1. Include parent when dealing with a child												
2. Answers light promptly												
3. Uses enough help to lift a heavy person												
4. Treats sore hemmorrhoids												
5. Checks identification												
6. Anticipates fears that patient may have for unknown or unusual												
7. Approaches rather than avoids terminal patient												
8. Assists to eat if necessary												
9. Treats sore backs												
20. Includes patient in planning care												
TOTALS												
DATE												

Chart frequency of total on a behavior chart

Turn in weekly to Sonya; she will give you a new sheet for the next week

Setting Key	
K	Kaiser
P	Providence
S	Salem
H	Hillhaven
W	Woodland Park

Behaver ______________ Constant Record Floor of: ____________

Pinpoints	COR	LO	S	COR	LO	S	COR	LO	S	COR	LO	S
1. Explain when nurse can't interpret test results												
2. Explains loss of appetite												
3. Teaches safety factors to patients												
4. Provides juices at different hours												
5. Ascertains what needs to be taught before teaching												
6. Visits without being asked												
7. Waves and smiles greetings												
8. Makes follow up phone call to patient's home												
9. Verbalizes patient concerns to administrators												
0. Allows family of deceased to be with body.												
1. Adjusts pillows												
2. Lets visitors stay longer												
3. Teaches how to position baby for comfort during feeding												
4. Explains why unable to do anything for patient (to wash hair etc.)												
5. Checks for knowledge, understanding before giving explanation												
6. Lets patient know if he is doing right thing												
7. Asks for patient's preferred name												
8. Refers to previous conversations												
9. Admits ignorance												
0. Leaves when patient washes dentures												
TOTALS												
DATE												

Chart frequency of total on a behavior chart

Turn in weekly to Sonya; She will give you a new sheet for the next week

Setting Key

K	Kaiser
P	Providence
S	Salem
H	Hillhave Nursing Home
W	Woodland Park Hosp.

FORM II

TABULATION FORM
FOR NURSING PINPOINT TOTAL

aver ____________________ _______

	Count		Record	
	Correct	LO	Floor	Comments
March				
April				

	Count		Record	
	Correct	LO	Floor	Comments
26 April				
27				
28				
29				
30				
1 May				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Make copy of chart and tabulation form
and turn in to Sonya

Appendix 6.18

Summary Chart showing the
proportion of time spent
by students in various
clinical settings.

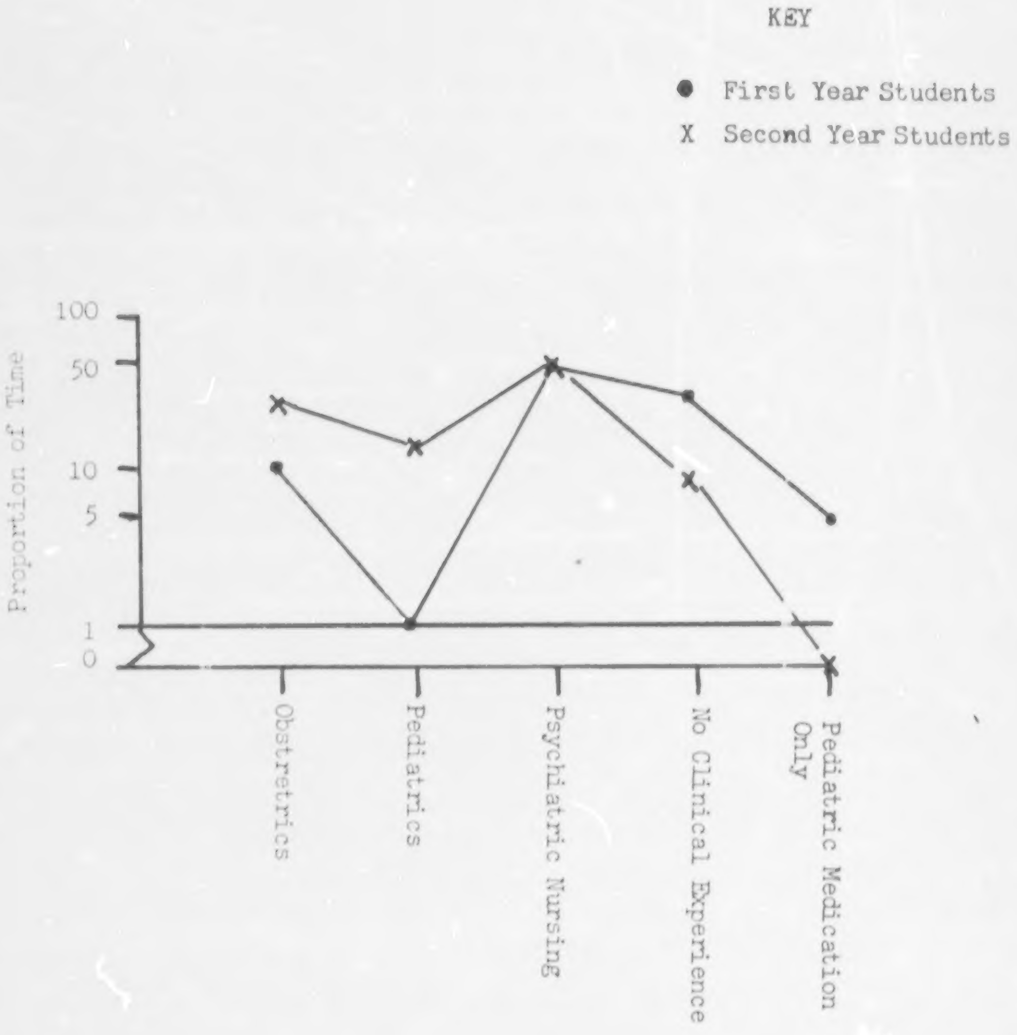

Figure 5.A

Summary chart showing the proportion of time spent by students in various clinical settings.

Appendix 6.19

General Categories used to group specific consumer patient pinpoints. The format shown was also the Protocal for having consumers rank them in order of value or importance.

Ranking of General Categories
Of Nursing Behaviors

Rank the following general categories of nursing behaviors using number 1 through 12 with 12 being the most valuable to you and 1 being the least valuable.

RANK	ITEM
______	Making patient feel important
______	Provides individualized care
______	Works safely
______	Gives physical care (relieves discomfort)
______	Teaches
______	Is adaptable
______	Explains
______	Has pleasant mannerisms
______	Respects privacy
______	Gives support to grieving and terminally ill
______	Relays information
______	Positively interprets and follows hospital policy

ANNOTATED BIBLIOGRAPHY

1. Abdellah, Faye. "Extending the Scope of Nursing Practice." *NLN Council of Baccalaureate and Higher Degree Programs*. National League for Nursing, 1972.

   Professional schools are beginning to respond in revising their curriculums to society's needs because of increasing consumer role.

2. Barry, Mildred, *et al*. "A New Model for Community Health Planning." *American Journal of Public Health*, 59: 226, (Feb., 1969).

   Increased community involvement in health care programs ensures continuation of development and committment.

3. Brown, Esther L. In "Acknowledgments" to *An Abstract for Action*, NLN Commission on Nursing and Nursing Education, 1970.

   Nursing service and education must be viewed in terms of what is best for society, not what is best for nursing; therefore, consumer evaluation of nursing is important.

4. Caplan, Eleanor and Marvin Sussman. "Rank Order of Important Variables for Patient and Staff Satisfaction with Outpatient Service." *Journal of Health and Human Behavior*, 7: 133 (Summer, 1966).

   Consumers ranked important variables which lied to satisfaction with outpatient services. The major important variables were: 1) belief they were receiving quality medical care; 2) positive staff-patient relationship; and 3) positive feelings about clinic procedures. Nurse's role was seen to permeate the entire range of patient's experiences.

5. Conway, "The Beneficiary, the Consumer - What He Needs and Wants." *American Journal of Public Health*, 55: 1782 (Nov. 1965) p. 1786.

   Residents of communities should be utilized and involved at all levels of medical service.

6. Economic Opportunity Act of 1964. *United States Statutes at Large*, Vol. 78, pp. 508ff.

   Federal Community Action Programs call for maximum participation of local residents and members of groups served.

7. Ewell, Charles, "What Patients Really Think About Their Nursing Care." *The Modern Hospital*, 109: 106 (Dec. 1967).

   Outcome of study revealed that patients want greater personal care by all workers.

8. Greene, Charles. "Medical Care for Underprivileged Population." New England Journal of Medicine, 282: 21 (May 21, 1970).

   Health care consumers from disadvantaged populations may be poorly educated, but are still able to vocalize their concerns and have definite expectations.

9. Hodgins, Eric. "Listen the Patient." New England Journal of Medicine, 274: 657 (March 24, 1966).

   The intent of Federal Community Action Programs was that local people themselves would organize and deal with their problems.

10. Holmes, Thomas. "Critique of the Study: Nurse Specialist Effect on TB." Nursing Research, 16: 329 (Fall, 1967).

    The goal of nursing care is that patients' needs are met, and is not necessarily related to the outcome of the disease.

11. Irwin, Bernadine. A Study of Supportive Measures for the Relatives of the Fatally Ill. Unpublished manuscript.

    Professionals were asked to specify nursing behaviors which were helpful for the grieving; consumers were asked to rank those.

12. Kane, Robert and Rosalie Kane; "Determination of Health Care Expectations among Navajo Consumers." Medical Care, 10:421 (Sept.-Oct. 1972).

    Health care consumers from disadvantaged populations may be poorly educated, but are still able to vocalize their concerns and have definite expectations.

13. Milio, Nancy. "A Neighborhood Approach to Maternity and Child Health in the Negro Ghetto." American Journal of Public Health, 57: 4 (April 1967) p. 618.

    Detailed organization by consumers of neighborhood Maternal Child Health Center.

14. "The Perloff Committee Report" Hospitals, Dec. 16, 1970, p. 43ff.

    Statement that a suitable mechanism should be developed by which the community could express its health needs and through which the corporation (American Hospital Association) could actively respond.

15. Rabiner, Charles. "Organizing a Community Advisory Board for a Mental Health Center." Hospital and Community Psychiatry, 23: 118-121 (April, 1972).

    Details of how a large medical center invited the community to participate in decisions regarding the type of facilty and programs which would be offered and how the consumer advisory board was formed.

16. Recommendations from Health Occupations Education Program Assessment Final Report. State Department of Education, Salem, Oregon, July 3, 1973.

Recommendation that existing advisory committees be reorganized to include consumer representatives and health representatives other than at the professional level.

17. Report of the 37th American Assembly, "The Health of Americans." Journal of the American Medical Association, 214: 2147 (April 26, 1970).

Expresses the need for the consumer to have a part in decisions regarding health care.

18. Tyler, Marshall. "The Patients' View: What They Like and What They Don't Like." Modern Hospitals, 116: 86 (Feb., 1971).

Details the lack of acceptance by one of largest health maintenance organizations in the United States of community representation.

19. White, Marguerite. "Importance of Selected Nursing Activities." Nursing Research 21: 4-13 (Jan-Feb., 1972).

Patients and nurses were asked to rank physical care, psycho-social care, activities related to medical regimen, and plans for discharge according to importance. Nurses rated psycho-social care higher than patients did; patients rated physical care higher than nurses did.

20. U.S. Statutes at Large, vol. 78, pp. 227ff, 447ff, 503ff.

Federal legislation including the Economic Act, the Civil Rights Act, and the Hospital and Health Facilities Improvement Act of 1967.

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